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DEPARTMENTAL PROCEDURE
FOR THE CONTROL OF
COMMUNICABLE DISEASES

LOS ANGELES COUNTY HEALTH DEPARTMENT

808 North Spring Street

Los Angeles 12, California

Form X—No. 35

January 1, 1947

Superseding and Cancelling Form X—No. 35 Dated August 1, 1944



LOS ANGELES COUNTY HEALTH DEPARTMENT
BUREAU OF GENERAL ADMINISTRATION
January 1, 1947

DEPARTMENTAL PROCEDURE
FOR THE CONTROL OF
COMMUNICABLE DISEASES.

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LOS ANGELES COUNTY HEALTH DEPARTMENT

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Los Angeles 12, California

Form X-10-33

January 1, 1947

Supervising and Consulting Form X-10-33 (Final Report) 1-1947

LOS ANGELES COUNTY HEALTH DEPARTMENT
BUREAU OF GENERAL ADMINISTRATION

January 1, 1947

TO:

District Health Officers
C. D. Physicians
Clinic Physicians
M.C.H. Physicians
C. D. Inspectors
Sr. C. D. Inspectors
Head Sanitariums
Sanitariums

Sanitary Inspector Aids
Bureau Directors
Div'n and Section Chiefs
Supervising Nurses
Public Health Nurses
M.S.S. Workers
Registrars
Business Office Clerks

SUBJECT: *Quarantine Rules and Regulations — Form X No. 35*

These are the Quarantine Rules and Regulations of the Los Angeles County Health Department, giving departmental procedure for the control of communicable disease.

Especial care of these copies is required. They are charged to you and are to be accounted for in case of termination of service.

ALL PREVIOUS ISSUES OF THESE RULES AND REGULATIONS ARE TO BE DESTROYED.

L. A. COUNTY HEALTH OFFICER

By R. O. GILBERT, M.D.

FOREWORD

These regulations are the standardized communicable disease control procedure for the L. A. County Health Department, and shall be adhered to by all its employees. Employees of the County Health Department shall familiarize themselves with the contents of this bulletin, insofar as the instructions contained therein apply to their respective duties.

A HEALTH OFFICER MAY CALL UPON ANY AVAILABLE EMPLOYEE OF THE DEPARTMENT FOR NECESSARY COMMUNICABLE DISEASE CONTROL WORK: Hence, these rules and regulations should be in the possession of all field workers at all times, and also should be in the hands of all information clerks and others handling communicable disease records or answering inquiries regarding them. A copy must be available at all times at each health center, in the care of the Deputy Registrar.

These regulations are based generally on the Health and Safety Code of the State of California, and the rules and regulations of the State Department of Public Health. This order is the interpretation of these laws, rules and regulations as made by the County Health Officer, with supplementary regulations authorized by Article 3, Section 2560, of Chapter 6 of the Health and Safety Code. The expression "Health Officer" used in this Order means District Health Officer or Communicable Disease Physician officially acting in his place, or Head Public Health Physician.

The definition of any term used and not defined herein shall be the same as defined in "THE CONTROL OF COMMUNICABLE DISEASES" published by the *American Public Health Association*.

The Chief C.D. Inspector is charged with the general enforcement of these Rules and Regulations and with the responsibility of promoting the understanding and enforcement by all members of the Department.

L. A. County Health Officer

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LOS ANGELES COUNTY HEALTH DEPARTMENT
BUREAU OF GENERAL ADMINISTRATION

RULES AND REGULATIONS FOR THE CONTROL OF
COMMUNICABLE DISEASES

In quarantine work the Department is under a two-fold obligation:

FIRST: To impose and enforce quarantine as soon as possible after report of a case or suspected case is received.

SECOND: To release quarantine without delay as soon as regulations and the safety of the public permit.

It shall be the duty of the Health Officer personally or through a qualified representative, as soon as possible after the receipt of a report of a case or a suspected case of communicable disease, to make an investigation and determine that instructions for preventing the spread of the disease are understood and observed. This regulation does not preclude the placing of a placard on suspected cases by authorized representatives pending examination and final diagnosis by the Health Officer.

Our job is to instruct and explain the regulations necessary to prevent the spread of the disease so that the quarantined family will cooperate and comply. *Secure results by education*, not by the use of legal force. Private physicians are not official public health workers. To relieve the pressure of emergency on the medical staff the Public Health Nurse is required to call within 24 hours. It is her duty to educate and explain, and on her falls the success or failure of the control of communicable diseases.

REPORTING CASES OF COMMUNICABLE DISEASE

It shall be the duty of every physician or other person engaged in the treatment of the sick to report to the Health Officer each such patient affected with a communicable disease, with his full name, age, sex, and address, together with the name of the disease or suspected disease, if known, within 24 hours of the time the case is first seen by him. Such report preferably should be made by telephone and shall be confirmed in writing within 24 hours by mailing standard report on a card prepared by the State Board of Health.

Private physicians and nurses *should be encouraged to report by telephone any case or suspected case* of communicable disease on any dairy or in the home of any dairy worker, food handler, school teacher, etc.

Venereal diseases do not need to be reported by telephone and will be reported in writing within 24 hours by filling out and mailing a special venereal disease report card prepared by the State Board of Health.

When no physician is in attendance, it shall be the duty of any midwife, nurse, the head of any private household, the person in charge of any institution, hotel, camp, or any other such person, to report immediately to the Health Officer the name and address of any person in his charge affected with any diseases which presumably may be communicable. Until the Health Officer investigates such case and takes official action regarding it, strict isolation of the patient shall be maintained.

Failure to report any case of communicable or suspected communicable disease, shall immediately be reported to the Chief C.D. Inspector ,

REPORTING BIRTHS AND DEATHS

State law requires that "the birth of each child born in this State shall be registered" (Section 10150, Health and Safety Code), and "every death occurring in this State shall be reported" (Section 10350, Health and Safety Code).

"No person shall inter in any cemetery unless (a) there has been obtained and filed a certificate and (b) he has obtained a burial permit". (Section 7406, H. & S. Code)

"No person shall inter or permit the interment of any body unless it is accompanied by a burial or cremation permit." (Section 7410—H. & S. Code)

Any violation of the foregoing laws shall be immediately reported to the Chief C.D. Inspector for investigation and enforcement.

TELEPHONE REPORTS

Each morning, Monday through Friday, the District Deputy Registrar shall telephone the quarantine status of her respective Health District to the Morbidity Section, Division of Vital Records, Central Office. This report shall include for each quarantinable disease the number of deaths since the last report, the number of cases released from quarantine, the number of cases hospitalized, the number of cases continued in quarantine, the number of new cases placed under quarantine, and the total cases now under quarantine in the District. Further, all deaths from those diseases that would be recorded on PD #7 cards shall be reported on the morning call.

Report of any extensive outbreak whether of known or unknown etiology, must be phoned immediately to the Epidemiologist or the Chief C.D. Inspector, Central Office.

Cases or suspected cases of the following diseases are to be reported immediately by telephone to the Chief C.D. Inspector, Central Office.

Anthrax	Plague
Botulism	Psittacosis
Cholera	Rabies in humans
Dysentery (Epid.)	Smallpox
Food Poisoning	Septic Sore Throat (Epid.)
Glanders	Typhoid Fever (Epid.)
Leprosy	Typhus Fever
Meningitis (Epid.)	Yellow Fever
Paratyphoid (Epid.)	

Any communicable disease on a dairy or in the family of a dairy worker or milk handler must also be reported immediately by telephone to the Chief C.D. Inspector, Bureau of Preventable Diseases.

When cases which require special telegraphic notice to the State Department of Public Health are reported, the Chief C.D. Inspector will make such report to the State Department.

SPECIAL EPIDEMIOLOGICAL REPORTS

The Health Officer who encounters a case of communicable disease which presents features of rare occurrence or is of special epidemiological

interest, shall file a written report of such case with the Bureau Director. These instances include, for example, remarkably short or long periods of incubation, the incidence of communicable disease in persons previously immunized, and any unusual developments in our program for handling casual carriers.

SPECIAL REPORTS REQUIRED BY THE STATE DEPARTMENT

Section 2571, Health and Safety Code requires special written reports to the State Department (on special State Board forms) for the following diseases:

Anthrax (human)	Psittacosis (human)
Botulism	Rabies (human)
Coccidoidal Granuloma	Relapsing Fever
Dysentery (Bacillary)	Rocky Mountain Spotted Fever
Encephalitis	Tularemia
Food Poisoning	Typhoid Fever
Leprosy	Typhoid Fever Carrier (casual and convalescent)
Malaria	Typhus Fever
Paratyphoid Fever	Undulant Fever
Poliomyelitis	

NOTE: Reports of Sanitary Surveys and State Board forms shall be made in triplicate:

2 copies to the Morbidity Section, Division of Vital Records, Central Office—one for transmission to the State Department of Health and one for file.

1 copy for District files.

(On Undulant fever—one extra copy for the Dairy Division.)

INITIALING "STATE BOARD CARDS"

Since the California State Department of Public Health expects local health officers to use reasonable care in insuring the correct diagnosis in cases of reportable diseases, and to make official a procedure which is already followed in a large part of Los Angeles County Health Department territory with respect to "State Board Cards", it is hereby ordered:

1. All cards reporting cases of quarantinable diseases or chickenpox in persons over 12 years of age be initialed by a District Health Officer or Senior Physician M.D. (C.D.) after the person who is to initial any such card has satisfied himself as to the correctness of the diagnosis, unless the card was originally *signed* by the District Health Officer concerned.
2. All cards reporting cases of non-quarantinable diseases except chickenpox in persons over 12 years of age be initialed as above described *unless signed by a physician*.

Initialing such cards does not require that the District Health Officer must see the patients named thereon, but may be done without seeing them if in his judgment the persons signing the cards are capable of making correct diagnoses.

3. District Registrars do not send in to the Division of Vital Records in the Central Office any "State Board Cards" until they are initialed as above directed.

TELEGRAPH REPORTS REQUIRED BY THE STATE DEPARTMENT

Section 2569, Health and Safety Code, requires Telegraphic reports to the State Department of every discovered or known case of the following diseases:

Asiatic Cholera
Plague

Typhus Fever (louse borne)
Yellow Fever

In such cases the State Department requires within 24 hours after investigation, a written report of the cause, source, extent of contagion and infection, and all acts done and measures adopted. Forward such reports (in triplicate) to the Chief C.D. Inspector, Central Office.

Note: See last paragraph of "Telephone Reports", on page 2.

QUARANTINE PLACARDS

The State law requires that when all or any part of the building, house, structure or tent is quarantined because of a contagious, infectious or communicable disease, the Health Officer shall fasten firmly on its most conspicuous part a yellow placard upon which shall be printed the following words: "Keep out. These premises have been quarantined by order of the County Health Officer."

Note: "Under the provisions of the Health and Safety Code of the State of California anyone entering or leaving these premises without the permission of the Health Officer is guilty of a misdemeanor."

Placards shall always be posted at the *front, or principal entrance* to premises plainly visible on approaching the house (more than one placard if necessary). PLACARDS MUST BEAR THE NAME OF THE DISEASE, OR SUSPECTED DISEASE, THE NAME OF THE HEALTH OFFICER, SIGNATURE OF DEPUTY POSTING, DATE OF POSTING, DISTRICT OFFICE ADDRESS AND TELEPHONE NUMBER.

Yellow quarantine placards must be posted for classifications A, B and C, and the red quarantine placards shall be used for quarantine G. For quarantines D, E and F, refer to specific instructions under quarantine on page 12.

Employees must bear in mind that no quarantine is established until a placard is posted or written instructions given to the patient or contacts. There is no such thing as an "*oral quarantine*."

QUARANTINE PASSES

Permission to enter or leave a quarantined premises must always be in writing and is given to wage earners for *economic reasons only*. *In no case should a food handler or person in charge of the patient have a pass*. Holders of quarantine passes must not, at any time during the period of quarantine come in contact with the patient or his environment.

Violation shall be cause for immediate revocation of the pass. No passes are allowed in smallpox, or other class "A" quarantine cases, where the patient remains on the premises.

When circumstances prevent issuing a quarantine pass, arrangements will be made at the time of quarantine to see that groceries, etc., will be delivered as required, either by neighbor, nurse or other member of the Health Department staff.

Special passes may be issued in emergencies, subject to supervision of the Health Officer. For funerals, see Section entitled "Instructions to Funeral Directors, page 71.

PRECAUTIONS TO BE OBSERVED

Physicians and nurses in attendance upon a quarantinable case shall take such precautions as may be necessary to avoid contamination of their hands or clothing. Unless otherwise specified in the State Department Bulletin for the particular disease, the following shall apply:

Whenever it is necessary to come in close contact with the patient, the physician shall wear a washable outer garment and should also wash his hands immediately after leaving the room.

RELEASE OF QUARANTINE

Terminal fumigation and/or spraying is unnecessary except in the diseases where vermin are carriers. Householdors should be instructed regarding concurrent disinfection and isolation at the time of quarantine.

Where a nurse is available for assistance in quarantine work, she shall supervise terminal disinfection, which shall include the rendering of personal clothing and immediate physical environment free from the possibility of conveying the infection to others.

The State law provides that persons in contact with the patient "shall be required to take a thorough antiseptic bath, and put on clothing free from contagion". A general thorough cleaning of the dwelling place shall be required—linen, etc., boiled, and other bedding, mattresses, etc., exposed to the direct sunlight before the quarantine placard is removed.

Specific instructions for release from quarantine are given under each of the quarantinable diseases.

DETERMINATION OF QUARANTINE RELEASE DATE.

The *earliest date* upon which quarantine may be released *shall be computed by adding to the date of onset the minimum number of days of quarantine* required by regulations of this department for the specific disease involved.

RELEASE OF NURSES

a. Nurses on quarantined cases may be released subject to inspection by the Health Officer before taking another case. However, they are subject to any and all necessary restrictions from handling obstetrical or child cases until the period of incubation expires.

b. Nurses on quarantined diphtheria cases are handled as ordinary contacts except nurses leaving cases of diphtheria before the patient is released. In such cases nurses must have a negative throat culture before release but are not permitted to attend a child or obstetrical case until after a *second* negative culture taken *at least 7 days* after last contact with patient.

CHIEF C.D. INSPECTOR

The Chief C.D. Inspector is specifically charged with the enforcement of these rules and regulations. (See foreword by County Health Officer.)

The Chief C.D. Inspector and his staff are available at all times for consultation and assistance in the handling of quarantinable diseases. Mem-

bers of the C.D. Inspections staff may be reached in the usual way through the Central Office during working hours; and after working hours, nights, week-ends and holidays one or more of them can always be located through the County telephone exchange (MU. 9211). In case of question as to rules of procedure on quarantinable disease control, the C.D. Inspection Division should be consulted immediately.

Note: All employees of the Department shall comply with all orders, instructions or requests of the Chief C.D. Inspector in the performance of these duties.

VIOLATIONS OF QUARANTINE

All violations of quarantine regulations shall be immediately reported to the Chief C.D. Inspector for investigation, and legal enforcement if necessary.

PROCEDURE ON QUARANTINE CASES

All correspondence with other Health jurisdictions relative to quarantine and violations (including tuberculosis and venereal disease) will be handled by the Chief C.D. Inspector. Copies of such correspondence will go to interested parties.

The courts recognize only quarantine by placard, not "oral notice."
Note: See 'Quarantine Placard' section, page 4.

Any employee who establishes a quarantine is instructed to promptly report full details to the Deputy Registrar, and the following procedure shall apply.

The District Registrar shall prepare the PD #7 (case card) and PHN #5 (progress card) for the Health Officer.

The Health Officer shall inscribe his findings on the PD #7 and inscribe directions on the PHN #5, returning both to the District Registrar.

The District Registrar shall prepare a duplicate PD #7 and place same in the office file pending completion of case.

The District Registrar shall immediately refer PD #7 and PHN #5 to the Supervising Nurse, and the District Nurse shall *within the first working day after quarantine* make a home call to see that the family understands and is carrying out isolation precautions. The Public Health Nurse shall record her observations, recommendations and services rendered on the PHN #5, as well as date and sign the PD #7 where required, then return the cards promptly to the Health Officer.

The Health Officer, after noting the report of visit and appraising the situation, shall inscribe directions and date on the progress card (PHN #5) for the next visit, then return both cards immediately to the District Registrar, who will place cards in her "Tickler file". The first thing in the morning of the required date the Registrar shall pull the cards and deliver them to the Health Officer or the Supervising Nurse for use as outlined above.

(When indicated or when requested by the Health Officer, the P.H.N. shall make additional calls, but *in every case the P.H.N. shall make a second home call* not later than the day before release is due to give terminal disinfection instructions.)

The Health Officer shall make a final visit for release in accordance with procedures for the specific disease, complete data on face of PD #7, enter date of release visit and name, and return cards to Registrar who will complete data on duplicate PD #7, forward duplicate to Central Office, Morbidity Section, and file original PD #7 with PHN #5 (attached) in District C.D. file.

SCHOOL BOOKS, ETC., IN QUARANTINED HOMES

The transmission of communicable disease by means of books is a subject of a highly controversial character. In the opinion of the Los Angeles County Health Officer, there is very little danger of transferring disease through objects of this kind. However, no books, papers, etc., may be permitted to leave the quarantined premises until release of quarantine. After this time, school books, library books, etc., shall be withdrawn from circulation for a period of three months in those cases where books have been exposed to cases of the less virulent communicable diseases.

Books, magazines, etc., exposed to such virulent diseases as smallpox, septic sore throat, spinal meningitis and anthrax shall be destroyed.

State Health Department regulations require that "school books which have been grossly soiled by scarlet fever patients shall be destroyed."

RECOMMENDATIONS TO SCHOOLS AND LIBRARIES

A generally accepted practice for handling books which have been in contact with communicable disease cases is to thoroughly dust such books with a blower, expose them to sunlight and fresh air for 48 hours and then store them for three months before returning them to circulation.

Books in the home but not in contact with a case of communicable disease should be dusted with the blower, exposed to fresh air and sunlight for 48 hours and may then be returned to circulation.

SCHOOL EXCLUSIONS

The State law makes the matter of excluding a child from school the duty of the school officials. Every employee who is concerned with the preparation of the school exclusion notices or their transmission to their intended destination shall address or deliver all such notices to the Principal of the school concerned, or to some other person properly acting in his place, and to *nobody else*. (Section 2564, Health and Safety Code)

To prevent delay, notice of exclusion shall be made immediately by telephone, and confirmed later by the written exclusion form.

If the disease in question is tuberculosis or a venereal disease, the decision as to whether or not the stage of the disease is such as to make the person concerned properly subject to exclusion from school shall be the responsibility of the Chief Tuberculosis Physician or the Chief Venereal Disease Physician, as the case may be.

The policy of the County Health Department with regard to attending school, shall be "to exclude therefrom any child or other person affected with a disease presumably communicable until such child or other person shall have been seen by the school physician or nurse, or shall have presented a certificate issued by the local health officer, or by the attending physician,

and *countersigned* by the local health officer, stating that such child or other person is not liable to convey a communicable disease." (Quotation from Regulations of the State Department of Public Health)

SCHOOL RE-ADMISSION CARDS

Cards signed by the Health Officer or his duly authorized agent must be given to school children or their parents or guardians upon release from quarantine for transmission to the principal of the school concerned or some other person properly acting in his place. (Section 2564, Health & Safety Code)

MOVING TO NEW LOCATION

If it is necessary for persons in quarantine to move to another location, permission in writing must first be obtained from the new owner or his agent and inspection of the proposed place of quarantine by the Health Department must be made to see that quarantine can be made effective. Moving is to be under the personal supervision of the Health Officer or his representative, and the record card corrected. When the move is to the jurisdiction of another health officer, his permission in writing must first be obtained. Moving into an apartment house or bungalow court can seldom if ever be permitted. If the move cannot be made without passing through another health district, the patient must bear the expense of a guard to be assigned by the Chief C.D. Inspector to accompany the patient or persons in quarantine.

Note: All cases mentioned in the above section shall be immediately reported to the Chief C.D. Inspector, and no final action taken without his consent and approval.

HOSPITALIZATION

The Los Angeles County General Hospital is the only institution in Los Angeles County properly equipped and permitted by the Los Angeles County Health Department to handle cases of quarantinable disease—except in cases of typhoid fever and paratyphoid, which may be placed in private institutions, but in such cases the patient must not be housed in the same room with patient suffering from any other ailment. (For venereal disease cases, see page 66.)

In sending a case to the General Hospital, the Health Officer is responsible for the tentative diagnosis. In addition, when referring persons with contagious diseases (other than tuberculosis or venereal diseases) to the General Hospital, Los Angeles County Health Department physicians should use Form X-15, and the following information should be written in the space headed "Reason for Referral":

1. Age, sex and race of patient.
2. Name of disease suspected.
3. Date of onset of illness.
4. Brief notes of any treatment that may already have been given.
5. Brief items of history and symptoms that referring physician thinks may aid the hospital physician in study and final diagnosis of the case.

Requests for hospitalization of cases of communicable disease shall be made by the District Health Officers directly to the Admitting Room in the

Los Angeles General Hospital (Capital 3161), including requests for an ambulance. Under authorization of the Health Officer of L.A. City dated April 12, 1943, it is unnecessary to secure permission from the City Health Department for such hospitalization, (with the exception of cases of, or suspected cases of *plague*, *smallpox* or *cholera*, which must have the approval of the L.A. City Health Department for hospitalization).

In case of an extreme emergency (such as diphtheria requiring intubation, etc.) the case may be brought or sent direct to the C.D. Building of the General Hospital.

When a District Health Officer or a private physician sends a case of communicable disease to the General Hospital by private conveyance or otherwise (except in a General Hospital ambulance), specific instructions should be given to the patient's attendant on the following points:

1. Notify the C.D. Office as to approximately when and how the patient will arrive.
2. Instruct the attendant to go to the old entrance at 1100 Mission Road. The C.D. Office will inform the watchman at the gate to direct the patient to the C.D. Building.
3. Instruct the attendant that where a private conveyance is used, to wrap the patient in a sheet to prevent contamination of the vehicle; place the patient alone in the back seat; go direct to the Mission Road entrance of the C.D. Building without contacting other persons. *Under no conditions permit a patient with a communicable disease to go to the Admitting Room in the main building and expose other patients and attendants to the disease.*

The Morbidity Section of the Division of Vital Records, Central Office (Station 3574), may be called upon to secure statements or diagnosis or other information, and it is desirable that as many contacts as practical between this Department and the General Hospital be made through this channel.

Note: In every case of communicable disease sent to the Los Angeles General Hospital, a report of such case must be made to the Morbidity Section, Division of Vital Records, Central Office, not later than the "morning call" of the next working day.

It is recommended that hospitalization be urged for patients having any of the following diseases:

Botulism	Rabies (human)
Cholera	Scarlet Fever (severe)
Diphtheria	Smallpox
*Leprosy	Typhoid Fever
Meningitis	Typhus Fever
*Plague	Whooping Cough (under age 3)
Poliomyelitis	

***Hospitalization mandatory**

ARRANGEMENTS FOR PARENTS TO VISIT HOSPITAL

When a patient suffering from a quarantinable disease is sent to the General Hospital, directions for necessary visits from members of the family shall be given by the Health Officer. While the home is in quarantine during the period of incubation dating from last contact or because of another case

in the home, persons subject to quarantine may go to the hospital only when the condition of the patient is critical and approval is given by the office of the communicable disease Superintendent of the General Hospital. In such cases, persons from the quarantined house are to travel only by private conveyance from the quarantined home to the General Hospital and back to their home, and they are to be admitted to the communicable disease building under the supervision of the hospital staff. (This does not apply when visits are made alone by holders of quarantine passes.)

In case of emergency calls from the General Hospital when the patient is critically ill, the Chief C.D. Inspector is to be notified when the family has no means of transportation. If the Chief C.D. Inspector is not available, or is unable to furnish transportation, the district shall make *immediate* provision for transportation of the necessary members to the hospital by a C.D. Inspector, nurse, sanitary inspector or physician.

COMMUNICABLE DISEASE ON A DAIRY OR IN THE HOME OF A FOOD HANDLER

All cases of communicable disease, including septic sore throat and dysentery, on a dairy or in the family of milk or food handlers, must be reported immediately to the Chief C.D. Inspector, who will supervise the quarantine. See the section under each specific disease to cover these cases and contacts.

MILK

State law forbids the removal of milk bottles or other receptacles for milk from quarantined premises until disinfection is approved by the Health Officer. If milk is delivered in glass bottles, the bottles must be retained on the quarantined premises, and the health officer will be responsible for their disinfection before the bottles are returned to their owner.

Health Department employees should encourage all quarantined families during the period of quarantine to use milk delivered in cartons. When such cartons are used they must be destroyed by burning.

FOOD HANDLERS, SCHOOL TEACHERS, ETC.

"Food handlers" include those persons who handle or prepare food for others, with special reference to milk. Garden and ranch workers and those *handling packaged goods* only need not be classes as such if, in the opinion of the Health Officer there is no public menace in permitting them to continue their occupation and provided they are subject to observation.

Contacts coming under these classifications are provided for by specific instructions under the rules for each of the quarantinable diseases.

School teachers who are contacts of a scarlet fever case may be permitted to move out of the quarantined premises and continue teaching provided arrangements are made for daily medical observation for seven days after last exposure. (See "Contacts—Scarlet fever" page 49.)

FACTORY WORKERS, ETC.

State law provides that those who are not permitted to go on with their regular occupations are teachers, food or milk handlers, or *those who are* associated with large numbers of people. The last classification must be solved by investigation of the specific case.

While plant managers are naturally anxious to keep every individual worker on the job, they are more interested in preventing a possible spread of infection to other workers in the plant. They are not in favor of taking the chance on a too early return of the patient, or permit a contact who may possibly come down with a disease to go back into a factory. The procedure should be to try to get a contact out of the house so that contact will be broken and the person could get back to work sooner than if he stayed in the home until the end of quarantine.

C.D. CONTACTS IN THE ARMED SERVICES

The United States armed services do not wish any contact of a case of communicable disease to be at large; therefore all such service contacts should be immediately quarantined and the Chief C.D. Inspector notified of the case, including the name of the commanding officer and the military unit, for transmission to the proper authorities. Further, at the end of the quarantine period every serviceman should be given a written release addressed to his commanding officer, stating the reason for quarantine and the date of termination. This automatically clears the man's service record when he returns to duty.

COMMUNICABLE DISEASES IN MOUNTAIN SANITATION AREA

Communicable diseases in the mountain sanitation area shall be handled by the Health Officer of the district where the case occurs. An immediate report of such case or cases shall be made to the Chief C.D. Inspector, who will assist in the investigation and quarantine enforcement. The Health Officer or Chief C.D. Inspector may, if he so desires, call on the Section of Mountain and Rural Sanitation for assistance.

LAUNDRY

No laundry may be sent from the quarantined premises of any case of smallpox, plague or typhoid fever. In all other quarantine cases, and with the approval of the health officer, laundry may be sent out provided all articles of clothing, etc., that are used or touched by the patient are boiled for 20 minutes before leaving the premises.

If boiling is inconvenient, clothes may be soaked overnight in two per cent lysol, or bichloride solution—one tablet ($7\frac{1}{2}$ grain) bichloride to a gallon of water.

QUARANTINE CLASSIFICATIONS

SPECIAL QUARANTINE

All cases where patients suffering from tuberculosis or venereal disease or any other communicable disease not specifically listed under quarantinable diseases, who refuse to observe orders and instructions given to prevent the spread of disease must be reported to Central Office, Chief C.D. Inspector, with a view to quarantine or such other restraint as may be necessary.

Any violation of quarantine or isolation orders or of pass privileges must be reported at once to the Division of C.D. Inspections, Central Office.

Any release of venereal disease or tuberculosis patients from quarantine or isolation in the General Hospital will be only on a written order from the Division of C.D. Inspections; or such permission may be given by phone and confirmed in writing later (giving name of person granting the permission by telephone).

QUARANTINE A

Absolute quarantine by placard, no passes under any circumstances. After death or removal of the patient from the premises in cases originally classed as Quarantine A, allow passes to wage earners (not food handlers or teachers) as in Quarantine B, for the period of incubation.

QUARANTINE B

By placard. Quarantine passes to wage earners employed in gainful occupations, and over sixteen years of age, who are not food handlers and do not come in contact with large numbers of persons and are not employed in barred occupations. (See special regulations under individual diseases.)

Quarantine established by written order of the Health Officer in instances where patient and contacts fail to observe isolation orders relative to communicable diseases not regularly classified as quarantinable is also classified as Quarantine B. (See Form P.D. No. 41.)

QUARANTINE C

Quarantine by placard on area of isolation. Where instructions regarding isolation and disinfection are obeyed, no restrictions are placed on other members of the household who have no connection with the preparation of food for others.

QUARANTINE D

Quarantine of person or persons who have been in contact with a case of quarantinable disease, using form on file. (Applies to contacts only and diseases not classified for Quarantine A.) (See Form P.D. No. 41.)

QUARANTINE E

This class of quarantine is established by serving a copy of definite orders given by the Health Officer in writing to the patient or contact, and quarantine requirements are met by the patient or contact observing the orders. These orders are those given typhoid fever convalescents or carriers, requiring submission of specimens and notification of change of address, and also ordering patient to refrain from food handling.

QUARANTINE F

Confining tuberculosis or venereal disease patients to certain premises or ordering their removal to a hospital, sanatorium or other specified location.

This quarantine is imposed by special order signed by the District Health Officer.

QUARANTINE G

Quarantine placed on animals having rabies or suspected rabies or having been exposed to rabies.

REFERENCE LIST OF COMMUNICABLE DISEASES

- ANTHRAX (human):** Quarantine—none.
Isolation of the patient until lesions have healed. Investigation of the source of infection. Concurrent and terminal disinfections.
- BOTULISM:** Quar.—none.
If commercial product notify S.D.P.H. at once. (See Food poisoning.)
- CHANCROID:** Quar. "F" as needed.
Use special card. (See Venereal diseases)
- CHICKENPOX:** Quar. "B".
See Chickenpox.
- CHOLERA:** Quar. "A".
Report by telephone or telegraph to S.D.P.H. (See Cholera.)
- COCCIDIOIDAL GRANULOMA:** Quar.—none.
Report only.
- CONJUNCTIVITIS: (Newborn)** Quar.—none.
Report only.
Also Gc. Ophthalmia and sore eyes.
Prophylaxis shall be administered immediately after birth.
- DENGUE:** Quar.—none.
Isolate patient during first five days in thoroughly screened room, eliminating mosquitoes. Search for unreported or undiagnosed cases and for mosquitoes and their breeding places.
- DIARRHEA, EPIDEMIC (of the new-born):** Quar. "C".
See Diarrhea, Epidemic (of the new-born).
- DIPHTHERIA:** Quar. "B".
See Diphtheria.
- DIPHTHERIA CARRIERS:** Quar. "B".
See Diphtheria.
- DYSENTERY (Amoebic):** Quar. "C".
See Dysentery (Amoebic)
- DYSENTERY (Bacillary):** Quar. "C".
See Dysentery, (Bacillary). Specify type, if known.
- ENCEPHALITIS:** Quar. "C".
Infectious, all types. See Encephalitis.
- EPILEPSY:** Quar.—none.
Report only. "Any condition which brings about momentary lapses of consciousness and which may become chronic shall be considered reportable under the term epilepsy."
- FAVUS:** Quar.—none.
See Ringworm.
- FOOD POISONING:** Quar.—none.
See Food Poisoning.

GERMAN MEASLES:	Quar. "B".
See German Measles.	
GLANDERS:	Quar.—none.
Report by telephone or telegraph.	
Isolate patient; no restriction on contacts.	
GONORRHEA:	Quar. "F" as needed.
See Venereal Diseases. Use special card.	
GRANULOMA INGUINALE:	Quar. "F" as needed.
Use special card. (See Venereal Diseases.)	
IMPETIGO:	Quar.—none.
May attend school (No gymnasium or swimming pools) on recommendation of Health Officer, if lesions are treated and adequately covered to prevent spread.	
INFLUENZA:	Quar.—none.
See Influenza.	
JAUNDICE:	Quar.—none.
Hepatitis, infectious and ictero hemorrhagic spirochetosis (Weil's disease).	
Report only. Isolate patient during acute symptoms.	
LEPROSY:	Quar. "A".
See Leprosy.	
LYMPHOPATHIA VENEREUM:	Quar. "F" as needed.
Use Special Card. (See Venereal Diseases.)	
MALARIA:	Quar.—none.
Isolate patient in mosquito-free room.	
MEASLES:	Quar.—none.
See Measles.	
MENINGITIS, EPIDEMIC	Quar. "C"
See Meningitis. (Epidemic)	
MUMPS:	Quar. "B" as needed.
See Mumps.	
OPHTHALMIA NEONATORUM:	Quar.—none.
(Also Gc. Ophthalmia and Conjunctivitis.)	Adequate medical attention.
PARATYPHOID FEVER:	Quar. "C"—on dairy "A".
Specify A or B. See Typhoid fever.	
PEDICULOSIS:	Quar.—none.
Patient may be excluded from school until free from parasites and eggs.	
PLAGUE:	Quar. "A".
Report by telephone or telegraph to S.D.P.H. See Plague.	
PNEUMONIA:	Quar.—none.
Specify type of pneumococcus, if known.	Isolate patient until recovery.
POLIOMYELITIS:	Quar. "B".
(Acute anterior.) See Poliomyelitis.	

PSITTACOSIS:	Quar. "C".
See Psittacosis.	
RABIES (In animals):	Quar. "G".
Use special card. See Rabies.	
RABIES (In humans):	Quar.—none.
See Rabies.	
RELAPSING FEVER:	Quar.—none.
Report only.	
RHEUMATIC FEVER:	Quar.—none.
Report only.	
RINGWORM:	Quar.—none.
May attend school (No gymnasium or swimming pools) on recommendation of Health Officer, if lesions are treated and adequately covered to prevent spread.	
ROCKY MOUNTAIN SPOTTED (OR TICK) FEVER	Quar.—none.
Report only.	
SCABIES:	Quar.—none.
May attend school (No gymnasium or swimming pools) on the recommendation of Health Officer, if lesions are treated and adequately covered to prevent spread.	
SCARLET FEVER: (Scarlatina)	Quar. "B".
See Scarlet Fever.	
SEPTIC SORE THROAT:	Quar. "C"—on dairy "A".
See Septic sore throat.	
SMALLPOX:	Quar. "A".
See Smallpox.	
SYPHILIS:	Quar. "F" as needed.
Use special card. See Venereal Diseases.	
TETANUS:	Quar.—none.
Report only. Ordinarily a subcutaneous injection of tetanus antitoxin (1500 units) given on the day of the wound. Refer patient for proper medical follow-up because a second injection within ten days may be desirable in certain instances.	
TRACHOMA:	Quar. "C" as needed.
Exclude from school, re-admission by permit from Health Officer.	
TRICHINOSIS:	Quar.—none.
Reportable only. Education in thorough cooking of pork.	
TUBERCULOSIS:	Quar. "F" as needed.
Use special card. See Tuberculosis.	

TULAREMIA:

Quar.—none.

Report only. Education: The use of rubber gloves by persons engaged in dressing wild rabbits whenever taken or when performing necropsies on infected laboratory animals. Employment of immune persons for dressing wild rabbits or conducting laboratory experiments. Thorough cooking of meat of wild rabbits.

TYPHOID FEVER:

Quar. "C"—on dairy "A".

See Typhoid Fever.

TYPHOID FEVER CARRIER:

Quar. "E".

See Typhoid Fever.

TYPHUS FEVER:

Quar. "A" (epidemic)

See Typhus Fever.

Quar.—none (endemic)

UNDULANT FEVER:

Quar.—none.

Reportable only. Special Epidemiological report required. No restrictions on case or contacts.

WHOOPING COUGH:

Quar. "B" as needed.

See Whooping cough.

YELLOW FEVER:

Quar. "A".

Report by telephone or telegraph to the State Department of Public Health. See Yellow Fever.

STATE BOARD CLASSIFICATION

*Section 2571, Health and Safety Code, permits quarantine whenever necessary any of the reportable diseases. Lists subject to change by S.D.P.H. at any time.

****Reportable only:***

Anthrax (human)

Pneumonia (specify type)

Botulism

Relapsing Fever

Coccidoidal Granuloma

Rheumatic Fever

Dengue

Rocky Mountain Spotted Fever

Epilepsy

Tetanus

Food Poisoning

Trichinosis

Glanders

Tularemia

Jaundice

Undulant Fever

Malaria

****Reportable and subject to isolation***

Chancroid

Meningitis (Epid.)

Chickenpox

Mumps

Diarrhea, Epidemic
(of the new-born)

Ophthalmia Neonatorum

Dysentery (amoebic)

Psittacosis

Dysentery (bacillary)

Rabies (animal)

German measles

Rabies (human)

Gonorrhea

Septic Sore Throat (Epid.)

Granuloma Inguinale

Syphilis

Influenza

Trachoma

Lymphopathia Venereum

Tuberculosis

Measles

Whooping cough

***Quarantinable:**

Cholera
Diphtheria
Encephalitis
Leprosy
Paratyphoid Fever
Plague

Poliomyelitis (acute anterior)
Scarlet Fever
Smallpox
Typhoid Fever
Typhus Fever
Yellow Fever

CHICKENPOX

NOTIFICATION:

Any person in attendance on a case of chickenpox or a case suspected of being chickenpox shall report the case immediately to the local Health authority.

Note: All cases or suspected cases of chickenpox in persons 12 years or older, or any case during a smallpox epidemic, must be seen and the diagnosis verified by the Health Officer.

INVESTIGATION OF CASES:

Upon being notified of a case of chickenpox, the Health Officer shall make such inquiry as he sees fit regarding the probable source of infection, and shall see that the attendant and other members of the household are given and understand detailed instructions in regard to precautionary measures for preventing the spread of the disease. In the event of persistent non-observance of instructions given by any member of the Department staff regarding such precautionary measures, an immediate report to the Division of C.D. Inspections shall be made.

ISOLATION:

It shall be the duty of the Health Officer to see that cases of chickenpox are properly isolated. Isolation in this disease is defined as that degree of detention necessary to insure non-contact with susceptible persons.

QUARANTINE "B":

As and when needed:

CONTACTS:

When a person affected with chickenpox is properly isolated, adult members of the family or household who do not show any symptoms of the disease are not subject to any restrictions.

Children who give evidence satisfactory to the Health Officer of having had chickenpox, if given written consent of the Health Officer, are not subject to restrictions.

Non-immune children shall be isolated and kept under observation for a period of 3 weeks, except:

That after a diagnosis of chickenpox satisfactory to the Health Officer has been made, and isolation of the patient has been effected, in school districts having a medical and/or nursing inspec-

tion service which the Health Officer considers adequate, school age contacts be permitted to attend school *whether known to be immune or not*.

It is specifically recognized that the official in charge of any school has the legal right to exclude any non-immune contact of a case of chickenpox for the full incubation period or the last week of it if he sees fit to do so. Nothing in this order shall be construed in such a way as to take away that right.

EXCLUSION BY SCHOOL AUTHORITIES:

It shall be the duty of the principal, or other persons in charge of any public, private or Sunday School, to exclude any children infected with a disease that is communicable until such children or other persons shall have been seen by the school physician or nurse, or shall have presented a certificate issued by the Health Officer, or by the attending physician, and countersigned by the Health Officer, stating that such children or other persons are not liable to convey a communicable disease.

RELEASE FROM ISOLATION:

The minimum period of isolation shall be 12 days after the appearance of the eruption, and until the primary crusts have fallen off.

DISINFECTION:

All discharges from the nose and mouth of the patient shall be burned. Objects which have been contaminated by the patient shall be disinfected before being removed to any place where they might become possible sources of infection. Clothing, bedding, and dishes used by the patient shall be sterilized by boiling, or immersion for 20 minutes in 2% carbolic acid.

TERMINAL DISINFECTION:

Terminal disinfection shall consist of a thorough cleansing by scrubbing and washing with hot water and soap.

CHOLERA

QUARANTINE "A":

When a case or suspected case of cholera is reported or recognized, an immediate quarantine is to be established, and immediate report made to the Chief C.D. Inspector, Central Office.

PATIENT:

Patient is to be isolated in a hospital or in a separate, thoroughly screened room which must be free from flies.

CONTACTS:

Contacts to be quarantined pending receipt of special instructions from the State Board of Health.

IMMUNIZATION:

Prophylactic immunization of contacts is useful and advisable.

INVESTIGATION OF SOURCE OF INFECTION:

Search for contaminated food and water, for common origin of groups of cases, and for unreported cases and carriers.

GENERAL MEASURES:

Rigid personal prophylaxis of attendants by scrupulous cleanliness, disinfection of hands after handling patient or contaminated articles. Avoid eating or drinking anything in the room of the patient, and prohibit attendant from entering the kitchen. Provide for examination of stools of contacts to detect carriers, and isolation of carriers.

Boiling of drinking water, if not adequately protected against contamination as by chlorination.

Note: Special epidemiological measures may be instituted.

DIARRHEA, EPIDEMIC (of the new-born)

QUARANTINE "C":

In addition to these regulations the rules and regulations pertaining to maternity homes and hospitals shall be followed.

INVESTIGATION OF CASE:

Upon being notified of a case of epidemic diarrhea, the Health Officer shall make inquiry regarding the case. A reportable case shall be defined as:

"Diarrhea in the new-born up to three weeks of age occurring in a hospital giving maternity service. Diarrhea shall be suspected to exist when an infant has more than one liquid stool in 24 hours, and shall be considered definitely present if this persists for more than two days, except in the case of entirely breast-fed infants, who show no signs of illness and who are gaining weight."

ISOLATION:

It shall be the duty of the Health Officer when a diagnosis of epidemic diarrhea has been made to see that the infant patient shall be immediately placed in strict isolation until discharged from the hospital.

If two or more cases occur, the nursery shall be quarantined, and no new-born infants shall be admitted until all exposed infants have been discharged and the nursery thoroughly cleaned.

DIPHTHERIA

QUARANTINE "B":

Quarantine is established when a positive culture is reported on a case with suspicious symptoms, or when a physician reports a case as "clinical diphtheria"—even if there has been no culture—if the Health Officer confirms the diagnosis. When so quarantined, the case is released on two negative cultures from the nose and throat, after clinical recovery. (See paragraph "Release from Quarantine" for details.) Any suspected case which calls for the administration of antitoxin shall be quarantined pending investigation and laboratory report.

Physicians are required to submit swabs or cultures of nose and throat to the Health Officer for laboratory examination on cases of suspected diphtheria. The Health Officer shall note the amount of antitoxin given the patient, when and by whom, the method used, and if the patient is sent to the hospital this information must accompany the patient.

Direct contacts of a clinical case living outside the patient's quarantined premises, and not eligible for quarantine passes, must be held in quarantine for at least 8 days after last contact. After 7 or more days these contacts shall be cultured, and released the following day if cultures from the nose and throat are negative.

Any patient or contact who refuses to permit cultures of his or her nose and throat to be taken shall be kept in quarantine 21 days.

VIRULENCE TEST:

This is made when a patient has been in quarantine for a period of one month, and still shows positive cultures, or when a person is a casual carrier.

In the event that a patient has been in quarantine for a period of four weeks, virulence tests should be made on the case and the contacts, and those found to be avirulent may be considered as negative cultures. Those found to have virulent cultures *may* then be considered diphtheria carriers and treated as such.

QUARANTINE PASSES AND ACTIVITIES PERMISSIBLE TO CERTAIN CONTACTS:

Quarantine passes are allowed to wage earners 16 years old or older if patient has been effectively isolated in the household and such arrangements have been made as will remove the danger of the wage earners transferring the infection to persons outside the quarantined area. Such wage earners may then be given a pass under the following conditions:

- A. If their nose and throat cultures are negative.
- B. If their occupations do not involve handling *milk*, or food that is consumed raw, or whose work brings them in contact with large numbers of persons, especially young children.
- C. If the pass is only for the purpose of going to and from work, and to carry on such other duties as the Health Officer deems essential.

Wage earner contacts may be cultured and permitted to move elsewhere (where there are no children) and continue their occupations provided:

- A. They do not handle *milk*, or food that is consumed raw, or their work does not bring them in contact with large numbers of persons, especially young children.
- B. They shall remain under continued observation for 8 days, and if suspicious symptoms arise during this period of observation, the contacts will immediately be returned to quarantine.

Contacts employed as barbers, cosmeticians, ice wagon drivers, and similar occupations may be cultured and permitted to leave the quarantined premises if arrangements are made for close supervision for *not less than 8 days after* last contact, the end of the supervision period to depend on receipt of a negative report of a culture taken not less than 7 days after last contact.

SCHOOL TEACHERS, FOOD HANDLERS, ETC.

Diphtheria contacts under these classifications are prohibited from working at these occupations until a throat culture *taken 7 days or longer* after last contact is reported as negative. (Definition of "food handler" given on page 10.)

RELEASE FROM QUARANTINE:

Release cultures shall not be taken until clinical recovery of the patient.

Cultures from the nose and throat of the patient alone (except for diagnostic purposes) shall be taken until one negative culture is obtained; then after at least 24 hours all persons, including the patient, who live in the house shall be cultured.

Release cultures from the nose and throat of the patient shall be taken by the Health Officer or communicable disease physician, but the Health Officer may delegate this task to a Public Health Nurse or to the family physician if he is still in attendance.

If the patient has two negative cultures, and all contacts one negative culture, quarantine is released. If not, then two successive negative cultures taken not less than 24 hours apart must be obtained from each person who has shown a positive culture.

Cultures for release must be taken at frequent intervals, not exceeding 7 days, after the culture for release has begun.

Release cultures must be timed so that Sunday laboratory work will not be required.

LABORATORY CULTURES:

Culture slips must be completely filled in with the full name, date, address, etc., for the guidance of the laboratory workers in testing and reporting to the proper authorities.

DAIRY WORKERS:

Specific instructions as to the handling of quarantine on a dairy or in the family of a dairy worker are impossible. Such cases shall be immediately reported to the Chief C.D. Inspector, who will supervise the quarantine. (See section on a communicable disease in a dairy, or in the home of a food handler or dairy worker, page 10.)

HOSPITALIZATION OR DEATH:

In the event of the death of a patient, or the removal of the patient to the hospital, when there are no children or food handlers or persons subject to similar restrictions residing in the household, the adult contacts may be cultured immediately and the quarantine released as soon as negative results are shown and the premises are disinfected; but these adult contacts shall be kept under observation for 8 days. If there are food handlers or children remaining in the household, they shall be held in quarantine until negative results are obtained on cultures from the nose and throat, *taken 7 days or longer* after last exposure.

Where a tonsillectomy is desired before release from quarantine, and the tonsillectomy is to be done locally, the arrangements must be approved and supervised by the Health Officer.

In the event of death, funerals shall be handled as outlined under "Instructions to Funeral Directors," page 71.

CASUAL CARRIERS:

A casual carrier is a person who carries diphtheria organisms in the nose or throat, has had no known contact with a clinical case of diphtheria, and who shows no symptoms of diphtheria. Cases originating from routine cultures at the General Hospital and Juvenile Hall, cultured preparatory to tonsillectomy or for institutional admissions, will be ignored, so far as official reports of cases to the Central Office are concerned.

When the casual diphtheria carrier remains in a hospital or institution, inspection of the family contacts at the home shall be made by the Health Officer or nurse.

Cultures of the nose and throat of such contacts will be taken only when indicated by a history of recent illness or suspicious clinical appearance of the individuals, or when there is a milk handler in the home; otherwise, no quarantine card and no culture. For the protection of the school authorities, healthy contacts of school age shall be given school re-admission permits. The Health Officer shall also give the patient a school re-admission permit on release from the hospital.

When the casual diphtheria carrier is in the home, cultures of the carrier's nose and throat shall be taken immediately, and if positive, tested for virulence. The patient shall be released as soon as possible, on either a negative virulence report or two negative cultures from the nose and throat.

Contacts of the casual carrier in the home are not cultured unless physical examination indicates the necessity, or a positive virulence is obtained from the carrier. A milk handler shall be cultured and excluded from work, but may resume work on two negative cultures from the nose and throat, or a negative virulence report.

District deputy registrars shall retain casual carriers' records (P.D. No. 7) in a special file, and shall not report the casual carriers to the Central Office or on a State Board card, unless quarantine is necessary, or a positive virulence is established.

DIPHTHERIA CARRIERS

Any person who has been free from symptoms of diphtheria for four weeks or longer, and who harbors virulent diphtheria bacilli, is a carrier. The patient only shall be confined to the premises, except that no member of the household shall be permitted to have any part in the preparation or serving of food to persons other than members of the patient's immediate family; nor shall they be engaged in any occupation or activity which brings them in contact with milk, milk products, milk bottles, or milk utensils; nor shall they in any way be in contact with children or large groups of people.

DYSENTERY (AMOEBC—BACILLARY)

Amoebic Dysentery

PROCEDURE:

An immediate investigation of the source of infection shall be made by the Health Officer. Microscopic examination of stools of the household and/or associates of infected persons and other suspected contacts shall be

required by him, and this examination should be supplemented by search for evidence of direct contamination of water and food by humans.

An immediate sanitary survey of the premises shall be made by a sanitary inspector. This inspection shall be made if possible in company with the Health Officer. Orders shall be issued for immediate abatement of all conditions which may contribute to the spread of the disease. Stress shall be given to sanitary disposal of bowel discharges, and hand washing after use of the toilet.

Special care shall be given for protection of the potable water supply against fecal contamination, and the boiling of drinking water where it is necessary. In the sanitary survey, attention shall be directed to the control of fly-breeding and the protection of foods against fly contamination.

QUARANTINE "C":

No general quarantine. The patient should be isolated and the excreta disinfected. *Strict quarantine is required in cases of patient living on the premises of a dairy.*

FOOD HANDLERS:

Contacts who are food handlers shall be examined and excluded from the premises of the patient.

EPIDEMIC MEASURES:

In case of an epidemic, active measures should be employed to discover the source of infection and warn the public and the medical profession of the early and characteristic symptoms, and of the serious immediate and remote results of such infection.

REPORTS TO THE BUREAU OF PREVENTABLE DISEASE:

An immediate telephone report to the Epidemiologist or the Chief C.D. Inspector is required in case of epidemic dysentery. A copy of the report of the sanitary inspector on the sanitary survey, etc., shall be filed with the Morbidity Section, Division of Vital Records, Central Office, together with the epidemiological report made by the Health Officer on all cases of dysentery.

RELEASE:

Patients are released from isolation upon clinical recovery. They are released from observation after three negative stool specimens, taken at least three days apart.

BACILLARY DYSENTERY

PROCEDURE:

Procedure shall be substantially the same as given for amoebic dysentery. An investigation of the source of infection shall be made, for the common source of contaminated food and water and for carriers, particularly among food handlers. Specimens of the bowel discharges of infected persons shall be secured by the Health Officer and submitted to the Health Department laboratory for examination.

QUARANTINE "C":

No general quarantine. The infected individual shall be isolated during the communicable period of the disease, and the attendants shall be instructed as to rigid personal precautionary measures.

The excreta shall be disinfected.

Strict quarantine shall be enforced when a case of bacillary dysentery occurs on a dairy, unless the patient moves away from the dairy premises.

GENERAL MEASURES:

Give special attention to the following:

1. Protection and purification of water supplies together with prevention of subsequent contamination.
2. Pasteurization of milk supplies and use of boiled milk for infant feeding.
3. Prevention of fly-breeding.
4. Sanitary disposal of human excreta.
5. Persons known to be infected, and their attendants, shall be excluded from handling food for public or for family consumption.
6. The exercise of rigid precautions on known cases of dysentery is required, but is inadequate as a safeguard against infection from concealed sources. As a precautionary measure, all cases of *infantile diarrhea* should be regarded as bacillary dysentery.

SANITARY SURVEY AND REPORTS:

Same as outlined for Amoebic Dysentery.

RELEASE:

Patients are released from isolation upon clinical recovery and after two negative stool and urine specimens, taken at *least* 3 days apart and at least 3 days after discontinuing sulpha drugs.

RELEASE OF CARRIERS:

Any person whose feces or urine contain the bacilli causing this disease and who is not ill, shall be reported as a carrier.

Any person who has been free from the symptoms of this disease for one month and whose feces or urine contain bacilli causing this disease shall be reported as a convalescent carrier.

Any convalescent carrier whose feces or urine continue to contain any of these bacilli after one year following clinical recovery, or who gives no history of recently having had the disease, shall be recorded as a chronic carrier.

Carriers of bacillary dysentery bacilli shall not be released from restrictions until at least five successive negative feces specimens, taken at not less than weekly intervals, have been obtained.

A bacillary dysentery carrier shall be subject to isolation and the provisions of the isolation shall be fulfilled during such period as he complies with instructions of the Health Officer, which shall be as outlined for typhoid fever carriers on pages

ENCEPHALITIS (EPIDEMIC)

SPECIAL MEASURES MAY BE ADOPTED FOR EPIDEMICS.

QUARANTINE "C":

INVESTIGATION:

Recognition of the disease is largely clinical. When there is doubt on the part of the Health Officer as to whether the case is one of poliomyelitis or infectious encephalitis, *the control measures instituted shall be the same as for poliomyelitis.*

ISOLATION:

The period of isolation shall be for 7 days from the onset and the patient shall be kept in a room satisfactorily screened against insects.

CONTACTS:

No restrictions when the patient is properly isolated.

GENERAL MEASURES:

Mosquito control if practical. *Aedes vexans* which has been suspected in the spread of Eastern equine virus to human cases, would usually be difficult to control. Search for prior cases in the community and for unreported cases among associates of the patient may develop useful epidemiological information.

FOOD POISONING

THE TIME ELEMENT IS MOST IMPORTANT IN FOOD POISONING INVESTIGATIONS.

INVESTIGATION:

All known or suspected cases of food poisoning must be reported by telephone immediately to the Chief C.D. Inspector. If the initial report is received at the Central Office it shall be immediately transmitted to the proper District office and the Chief Food and Drug Inspector. If received in a District office, the Deputy Registrar shall immediately relay the information to the Chief C.D. Inspector and the Chief Food and Drug Inspector.

An immediate investigation shall be made by the Health Officer or by the Communicable Disease Physician authorized to act in his stead, *for the purpose of establishing diagnosis.* If no Health Officer or Communicable Disease Physician belonging to the District concerned is available, the nearest available Health Officer shall be called to handle the case and establish diagnosis. At the same time immediate steps shall be taken by the first *qualified staff member available*, under the supervision of the Health Officer, to quarantine suspected sources of poisoning and to obtain vomitus, feces, urine, garbage, suspected food, or other pertinent specimens, for laboratory examination.

The services of the Chief Food and Drug Inspector *are available on request* to assist in this preliminary investigation; and, if not requested, it is

understood that *the Health Officer is assuming responsibility for the outcome of all phases of such investigation.*

In the investigation, the facts of the case shall be ascertained and recorded on the State Board form (Food poisoning or botulism). A copy of this form must be submitted to the laboratory with the specimens, for guidance in laboratory examination, and two copies sent to the Morbidity Section, Division of Vital Records, Central Office, with the report of the case.

Note: After working hours, the Director of the Bureau of Preventable Disease, the Chief C.D. Inspector and the Chief Food and Drug Inspector must be notified direct by telephone.

"If a commercial canned product is suspected, an immediate report by telegraph or telephone to the State Department of Health is required." (Regulations—State Board of Health, April 3, 1943.)

The definition of a reportable case of food poisoning shall be as follows:

1. Poisoning from organic poisons present in normal animal and plant tissues, including mushrooms, fish and mussels.
2. Poisoning following the consumption of food into which mineral or organic poisons or preservatives, including arsenic, lead, cadmium, fluorine, have been introduced by accident or with the intent to improve the appearance or the keeping quality.
3. Infections due to the consumption of food containing bacteria of the *Salmonella* group.
4. Poisoning due to the deleterious substances (toxins) produced in food by the growth of bacteria, molds, or similar organisms.
5. Individual idiosyncrasy, (allergy, etc.)

CHIEF FOOD AND DRUG INSPECTOR:

As above stated, all information on a case or suspected case of food poisoning must be promptly submitted to the Chief Food and Drug Inspector. However, the Chief Food and Drug Inspector shall not work independently, but shall report to the Health Officer, or in his absence to his authorized representative, for information and counsel before beginning work on a case, and while working on it. When engaged in food poisoning work, the Chief Food and Drug Inspector is automatically working as a staff member of the Bureau of Preventable Disease under the supervision of the Bureau Director, and in cooperation with the Health Officer, in the same category as other Division or Section Heads of the Bureau.

As stated, the time element is most important in food poisoning investigations and all employees shall cooperate for immediate action. The Health Officer and the Chief Food and Drug Inspector shall coordinate their efforts to that end, utilizing the knowledge and experience of the Chief Food and Drug Inspector to the best advantage commensurate with the economic factor of time and mileage. If, after the initial investigation the facts indicate the need for further routine sanitary supervision or correction, the necessary information shall be referred to the Area Chief of the Sanitation District involved for continued follow-up and abatement.

If, after completing his part of the investigation, the Chief Food and Drug Inspector thinks that court action should be taken, he shall first counsel with the Health Officer and the Head Sanitarian concerned. If the three do

not agree, he shall not institute court proceedings without the consent of the County Health Officer.

LABORATORY SPECIMENS:

IT IS IMPERATIVE THAT ALL SPECIMENS SUBMITTED TO THE LABORATORY BE PLAINLY LABELED AND THE PURPOSE OF EXAMINATION BE MADE CLEAR IN ORDER THAT THE LABORATORY MAY KNOW WHAT TO LOOK FOR.

Further, the State Board form (giving the facts and cross-hatched record of food consumed) *must accompany* the laboratory specimens when submitted.

PROCEDURE:

The investigation of food poisoning cases must vary with the type encountered. Procedure in cases where the suspected food is of commercial origin must be much more exhaustive than the ordinary case of carelessness in cooking or handling food. However, every case must be carried through until a diagnosis is established, the cause determined if possible, and food supplies controlled, if necessary.

The following factors should always be determined in the investigation of food poisoning;

A. Secure a complete list of the cases.

Obtained by:

1. An inquiry at the homes of the known infected households. In the course of the investigation a special article of food will probably be mentioned as suspected.
2. Inquiries among fellow physicians as to similar cases of illness.
3. House to house inquiries in the implicated area.
4. If the outbreaks are extensive the health officers of adjacent areas should be consulted.

B. The individual cases of illness.

1. Clinical features.
2. Date and time food had been eaten by each person.
3. Quantity of suspected food eaten by each person.
4. Time interval between consumption and onset of symptoms.

C. The vehicle of infection or poison.

1. Establish a complete list of the dietary for at least four days preceding the illness.

D. A detailed study of the history of the implicated food.

1. Those inquiries should be instituted both in the houses of the sufferers and at the place of preparation.
2. Nature of the food.
3. If compounded, establish the different ingredients.
4. Determine source of the food; if of animal origin, trace back to the animal itself.
5. Particulars as to any treatment or preparation of the food before consumption.
6. Methods of preservation, if any, and by whom carried out.
7. Ascertain whether the particular food was fully or inadequately cooked.

8. Ascertain the dates of purchase and of any domestic treatment.
 9. Record details as to extent to which the food presented abnormalities of taste, smell or appearance during the different stages of preparation.
- E. Evidence as to the source of infection of the food.
1. Particular attention should be paid to the sanitary conditions under which food was made, prepared for consumption, cooled or stored. Opportunities for specific contamination must be looked for, such as contamination by gut scrapings, excreta, large animals, rats or mice.
 2. In cases of meat or milk, inquiries should be made as to evidence of healthiness or illness of the animal supplying. The price at which the food was sold may indirectly throw light upon this matter.
 3. The possibility of a human carrier—this inquiry is greatly facilitated by bacteriological examinations.
- F. Coincident illness or deaths among domestic animals (chickens, cats, dogs, etc.)
1. Which had access to the suspected food.
 2. Determine symptoms and number of deaths.
- G. Autopsy or Coroner's report, if available.

GERMAN MEASLES

NOTIFICATION:

Any person in attendance on a case of German measles or a case suspected of being German measles shall report the case immediately to the Health Officer.

INVESTIGATION OF CASES:

Upon being notified of a case of German measles, the Health Officer shall make such inquiry as he sees fit regarding the probable source of infection, and shall see that the attendant and other members of the household are given and understand detailed instructions in regard to precautionary measures for preventing the spread of the disease. In the event of persistent non-observance of instructions given by any members of the Department staff regarding such precautionary measures, an immediate report to the Division of C.D. Inspections shall be made.

ISOLATION:

It shall be the duty of the Health Officer to see that cases of German measles are properly isolated, until clinically recovered. Isolation in this disease is defined as that degree of detention necessary to insure non-contact with susceptible persons.

QUARANTINE "B":

As and when needed.

CONTACTS:

When a person affected with German measles is properly isolated, members of the family or household are not subject to any restriction, whether immune or not.

EXCLUSION BY SCHOOL AUTHORITIES:

See page 7.

DISINFECTION:

All discharges from the nose and mouth of the patient shall be burned. Objects which have become contaminated by the patient shall be disinfected before being removed to any place where they might become possible sources of infection. Clothing, bedding and dishes used by the patient shall be sterilized by boiling, or by immersion for 20 minutes in 2% carbolic acid solution, or its equivalent.

TERMINAL DISINFECTION:

Terminal disinfection of the room and furniture used by the patient shall consist of a thorough cleaning by scrubbing and/or washing with hot water and soap.

RE-ADMITTING PATIENTS TO SCHOOL:

SCHOOL CHILDREN WHO HAVE HAD GERMAN MEASLES MAY BE RE-ADMITTED ON CLINICAL RECOVERY BY A SCHOOL DOCTOR, A SCHOOL NURSE OR A HEALTH DEPARTMENT PHYSICIAN WHENEVER THE SERVICE OF SUCH PEOPLE IS AVAILABLE.

In examining children to determine whether or not clinical symptoms have disappeared, attention should be paid to four points: First, all catarrhal symptoms should have disappeared; second, there should be no fever; third, all signs of the rash should have disappeared; fourth, enlargement of the postauricular glands should have entirely subsided. All four criteria may be fulfilled in many cases within four or five days from the onset of the disease. If, as may be true in some districts, *somebody who is not included* in the classes of persons above indicated *must take the responsibility for readmission* following German measles, *exclusion should be for a full seven days following the onset of the disease.*

INFLUENZA

RECOGNITION of the disease by clinical symptoms only.

ISOLATION of the patient only, during the acute stage of the disease.

VISITING SHOULD BE DISCOURAGED.

CONCURRENT DISINFECTION:

Burning of discharges from nose and throat of patient.

RELEASE on complete recovery.

SPECIAL RULES WILL APPLY DURING EPIDEMICS.

LEPROSY

QUARANTINE "A":

When a case of leprosy or one suspected of being leprosy is reported, both the case and home contacts shall be immediately quarantined by the Health Officer where found. Smears from the nose, throat and lesions of the

patient shall be taken by the Health Officer and forwarded to the County Health Department laboratory for examination. An immediate notification by telephone shall be made to the Chief C.D. Inspector, who will arrange for transportation of the case or suspected case to the Los Angeles County General Hospital, where provision is made for isolation and diagnosis, including laboratory report from the L. A. City Bacteriologist, pending release, removal to a Government institution or deportation, as the case may require.

The case shall be held at the Los Angeles County General Hospital pending final diagnosis and release or placement.

A LABORATORY POSITIVE SMEAR FROM THE NOSE, THROAT OR LESION IS THE ONLY ACCEPTED BASIS FOR ADMISSION TO THE UNITED STATES GOVERNMENT LEPROSARIUM.

(The Los Angeles County General Hospital is the only institution in Los Angeles County which is equipped and authorized by the Los Angeles County Health Department to handle such cases.)

CONTACTS:

Contacts in the home are held in quarantine. Smears from the nose and throat of such contacts shall be taken and sent (with a laboratory slip plainly marked with the name, address, etc., and "leprosy contact"), to the County Health Department laboratory for examination.

If the *smears from the nose and throat are negative* and the *contacts show no clinical symptoms of leprosy*, contacts are released from quarantine after disinfection of the premises is completed.

Note: Contacts shall be kept under observation over a period of years to determine if they have become infected.

QUARANTINE PASSES:

None.

DISINFECTION:

All discharges and articles soiled with discharges shall be destroyed by burning, or disinfected with some strong disinfectant such as lysol, etc. The living premises of the patient shall be thoroughly cleaned before release of quarantine.

HOSPITALIZATION AND DEATH.

Patients shall be hospitalized immediately as noted above.

Funerals of persons dead from leprosy are strictly private, as outlined under "Instructions to Funeral Directors," page 71.

Note: The Health Officer shall make a thorough investigation of the source of infection, and shall make it promptly in cases of recent origin. It is important to determine where the patient came from, and how long in the community, as well as past movements of the patient, in view of the long incubation period of this disease.

MEASLES

NOTIFICATION:

Any person in attendance on a case of measles or a case suspected of being measles shall report the case immediately to the Health Officer.

INVESTIGATION OF CASES:

Upon being notified of a case of measles, the Health Officer shall make such inquiry as he sees fit regarding the probable source of infection, and shall see that the attendant and other members of the household are given and understand detailed instructions in regard to precautionary measures for preventing the spread of the disease. In the event of persistent non-observance of instructions given by any member of the Department staff regarding such precautionary measures, an immediate report to the Division of C.D. Inspections shall be made.

ISOLATION:

It shall be the duty of the Health Officer to see that cases of measles are properly isolated. Isolation in this disease is defined as that degree of detention necessary to insure non-contact with susceptible persons.

QUARANTINE "B":

As needed.

Note: No person shall carry, remove, or cause to be carried or removed from any hotel, boarding house, lodging house or other dwelling, any person affected with measles without the permission of the Health Officer.

CONTACTS:

When a person affected with measles is properly isolated, adult members of the family or household who do not show symptoms of the disease are not subject to any restrictions.

Children who give evidence satisfactory to the Health Officer of having had measles, if given written consent of the Health Officer, are not subject to any restrictions.

Non-immune children shall be isolated and kept under observation for a period of two weeks, except that after a diagnosis of measles satisfactory to the Health Officer has been made, and isolation of the patient has been effected, in school districts having a medical and/or nursing inspection service which the Health Officer considers adequate, school age contacts be permitted to attend school *whether known to be immune or not*.

It is specifically recognized that the official in charge of any school has the legal right to exclude any non-immune contact of a case of measles for the full incubation period or the last week of it if he sees fit to do so. Nothing in this order shall be construed in such a way as to take away that right.

RELEASE FROM ISOLATION:

The minimum period of isolation shall be from 4 days before the appearance of the rash (that is, during the early catarrhal symptoms, on susceptibles known to have been exposed) until 7 days after the appearance of the rash.

EXCLUSION BY SCHOOL AUTHORITIES:

It shall be the duty of the principal or other persons in charge of any public, private or Sunday school to exclude any children infected with a disease that is communicable until such children or other persons shall have been seen by the school physician or nurse, or shall have presented a certificate issued by the Health Officer, or by the attending physician, and countersigned by the Health Officer, stating that such children or other persons are not liable to convey a communicable disease.

DISINFECTION:

All discharges from the nose and mouth of the patient shall be burned. Objects which have become contaminated by the patient shall be disinfected before being removed to any place where they might become possible sources of infection. Clothing, bedding, and dishes used by the patient shall be sterilized by boiling or by immersion for 20 minutes in 2% carbolic acid solution.

TERMINAL DISINFECTION:

Terminal disinfection shall consist of a thorough cleansing by scrubbing and washing with hot water and soap.

MENINGITIS (EPIDEMIC)

(Meningococcic, including meningococcemia)

QUARANTINE "C":

INVESTIGATION OF CASE:

Upon being notified of a case of epidemic meningitis, or a case suspected of being epidemic meningitis, the Health Officer shall make an investigation to establish a diagnosis. This investigation shall include inquiry regarding the probable source of infection. If this source of infection is outside his jurisdiction, he shall notify the Morbidity Section, Division of Vital Records, Central Office, in order that it may inform the health authority within whose jurisdiction the infection was probably contracted.

QUARANTINE:

No general quarantine. The patient shall be isolated until the end of the febrile period and until all acute symptoms have subsided.

Any other cases of respiratory or intestinal disease found in a family where there is a case of epidemic meningitis, should be regarded as probable epidemic meningitis, unless definitely diagnosed otherwise.

The Los Angeles County General Hospital is the only hospital in the County properly equipped to handle cases of epidemic meningitis, and every reasonable effort should be made where a case is found, to send the patient to General Hospital.

CONTACTS:

If the case is properly isolated, quarantine of contacts is not required. However, if the patient remains in the home, school children shall be excluded from school and confined to their premises under isolation restrictions for the duration of the illness.

School teachers and school cafeteria workers shall be referred to the school health authorities for permission to work.

The County Health Department recommends chemotherapy under medical supervision for all close contacts.

MUMPS

NOTIFICATION:

Any person in attendance on a case of mumps shall report the case immediately to the Health Officer.

INVESTIGATION OF CASES:

Upon being notified of a case of mumps, the Health Officer shall make such inquiry as he sees fit regarding the probable source of infection, and shall see that the attendant and other members of the household are given, and understand, detailed instructions in regard to precautionary measures for preventing the spread of the disease. In the event of persistent non-observance of instructions given by any member of the Department staff regarding such precautionary measures, an immediate report to the Division of C.D. Inspections shall be made.

ISOLATION:

It shall be the duty of the Health Officer to see that cases of mumps are properly isolated. Isolation in this disease is defined as that degree of detention necessary to insure non-contact with susceptible persons.

QUARANTINE "B":

As and when needed.

CONTACTS:

When a person affected with mumps is properly isolated, adult members of the family or household are not subject to any restrictions.

Child contacts who give evidence satisfactory to the Health Officer of having had mumps are, by written consent of the Health Officer, not subject to restrictions.

Non-immune child contacts shall be isolated and kept under observation for three weeks, except that after a diagnosis of mumps satisfactory to the Health Officer has been made, and isolation of the patient has been effected, in school districts having a medical and/or nursing inspection service which the Health Officer considers adequate, school age contacts be permitted to attend school *whether known to be immune or not*.

It is specifically recognized that the official in charge of any school has the legal right to exclude any non-immune contact of a case of mumps for the full incubation period or the last week of it if he sees fit to do so. Nothing in this order shall be construed in such a way as to take away that right.

RELEASE FROM ISOLATION:

The period of isolation shall be until the swelling of the salivary glands has subsided.

EXCLUSION BY SCHOOL AUTHORITIES:

See page 7.

DISINFECTION:

All discharges from mouth and nose of the patient shall be burned. Objects which have become contaminated by the patient shall be disinfected before being removed to any place where they might become possible sources of infection. Clothing, bedding, and dishes used by the patient shall be sterilized by boiling or by immersion for 20 minutes in 2% carbolic acid solution.

TERMINAL DISINFECTION:

Terminal disinfection shall consist of a thorough cleaning by scrubbing and washing with hot water and soap.

PLAGUE

QUARANTINE "A":

In any case or suspected case of bubonic or pneumonic plague, an immediate and absolute quarantine of the household and contacts must be established.

An immediate report by telephone of the case or suspected case must be made to the Chief C.D. Inspector, who will supervise the quarantine, fumigation, disinfestation and the release from quarantine of contacts and premises.

HOSPITALIZATION:

In all cases or suspected cases of bubonic or pneumonic plague, immediate removal of the patient to the Los Angeles County General Hospital, after obtaining permission from the L. A. City Health Department, is required.

PERIOD OF QUARANTINE AND RELEASE:

The period of quarantine shall be until 2 days after complete recovery of the patient, and on contacts shall be for a period of not less than 7 days after the date of last exposure.

FUMIGATION AND DISINFESTATION:

The following procedure must be followed by all persons working on a case of plague in the area controlled by the County Health Department. This includes doctors, nurses, C.D. Inspectors, sanitary inspectors, fumigators, guards or other persons.

1. No building of any character where a positive case of bubonic or pneumonic plague is known to have existed shall be entered by any person unless attired as follows:
 - (a) Each such person shall wear a long-sleeved gown and a mask as approved by the County Health Department.
 - (b) Rubber gloves must be worn and the wrist or gauntlet of the glove pulled well over the cuffs of the gown.
 - (c) A surgeon's skull cap must be worn in a manner that will cover the hair and scalp.
 - (d) Knee boots, either leather or rubber, or high topped shoes with leather puttee leggings shall be worn.
2. The shoes shall be sprayed with kerosene each time before entering the building.

3. All mattresses, bedding, rugs, or other materials which have come in direct contact with the patient shall be burned. (Where a wooden frame bed has been used, it shall be burned.)
4. A complete record must be kept of all articles that have been destroyed and notations made as to the probable age, condition and value of such articles.
5. Infested clothing which is washable may be soaked in 10% solution of lysol or its equivalent for two hours. All other infested clothing shall be burned.
6. On entering the building, the worker shall spray the floor as he goes with a solution of at least 10% lysol or its equivalent. The whole entrance of the building shall be sprayed, particular attention being paid to get the solution under and around the baseboards, doors, door knobs, door jambs, or other parts of the room to a height of at least 4 feet or any part which may have come in contact with the hands of the patient.

When this spraying is completed, the fumigator shall seal all outside doors, windows, and other openings, making the building as nearly gas-tight as possible. Before starting actual fumigation, the fumigator shall ascertain that no human being or domestic animal remains inside the premises to be fumigated or in close proximity thereto.

7. In sealing up the building for the purpose of fumigation, provision must be made for the opening of two or more doors or windows from the outside.
8. Sulphur gas shall be used as a disinfectant, at least 7 pounds of flowers of sulphur per 1000 cubic feet of air space. This sulphur shall be placed in a pan or pans and heaped cone-shaped. The pans shall be placed in tubs which contain at least 4 inches of water, and the pans placed on bricks or other suitable support in the water. Care shall be taken that the tubs are placed in a clear space in the room, so as to prevent possible danger of fire. The sulphur shall then be ignited at the top of the cone by means of a small quantity of alcohol lighted by a match. (Hydrocyanic gas may be used for fumigation, but in California the State law requires that this type of fumigation may be done only by a licensed fumigator. Health Department regulations require its use only under arrangements made by and under the direct supervision of the Chief C.D. Inspector.)
9. A chemical fire extinguisher (Underwriters approved type) shall be kept on every job of fumigation, and be easily accessible to the fumigator or guard.
10. After fumigation the building shall be kept closed for at least five hours.
11. At least two men shall remain on guard on the premises at all times during the process of fumigation, and all premises must be suitably placarded, with special fumigation signs.
12. The fumigator only, or the guards, under his direction, are permitted to re-open the building after fumigation.

13. When the fumigation has been completed, the fumigated premises must be aired at least two hours, and permission of the Chief C.D. Inspector must be obtained before any persons other than the fumigating crew are allowed to enter.

POLIOMYELITIS

QUARANTINE "B":

DURING AN EPIDEMIC, SPECIAL REGULATIONS WILL BE PUT IN EFFECT. CALL THE BUREAU OF PREVENTABLE DISEASES, CENTRAL OFFICE, FOR SUCH SPECIAL REGULATIONS. IN SPORADIC INDIVIDUAL CASES THE FOLLOWING WILL APPLY.

INVESTIGATION OF CASE:

Upon being notified of a case of poliomyelitis, or a case suspected of being poliomyelitis, the Health Officer shall make an investigation to establish a diagnosis. This investigation shall include inquiry regarding the probable source of infection. If this source of infection is outside his jurisdiction, he shall notify the Morbidity Section, Division of Vital Records, Central Office, in order that it may inform the health authority within whose jurisdiction the infection was probably contracted.

QUARANTINE:

If the Health Officer is satisfied that the case is one of poliomyelitis or is strongly suggestive of poliomyelitis, he shall establish a quarantine on the patient and contacts. The minimum period of quarantine on a case of poliomyelitis is 14 days from the date of onset.

Any other cases of respiratory or intestinal disease found in a family where a case of poliomyelitis exists should be regarded as probable poliomyelitis, unless definitely diagnosed otherwise.

The Los Angeles County General Hospital is the only hospital in the County properly equipped to handle cases of poliomyelitis, and every reasonable effort should be made, where a case is found, to send the patient to the General Hospital.

When giving instructions on preventive measures, all persons in quarantine or under observation should be warned to avoid any exercise or activity that may cause fatigue or lowered resistance.

The use of common towels or of common drinking or eating utensils is forbidden.

QUARANTINE PASSES:

None.

CONTACTS:

Persons who have been in frequent contact with the patient and are members of the same household shall be subject to the quarantine until it is terminated.

The wage earner may be excluded from the area of quarantine on the following conditions:

- (a) That he shall not have been in attendance on the patient at any time since the beginning of the disease.

- (b) That he shall observe adequate precautions and shall not re-enter the premises or come in contact with the patient or other persons on the quarantined premises.
- (c) That he shall not engage in any occupation or practice which would bring him in contact with large numbers of persons, especially children. (See section entitled "Food handlers etc., page).

Persons, including food handlers and school teachers, who have come in contact with an individual who has a case of poliomyelitis, and who are not members of the same household, shall be kept under observation by the Health Department for a period of 14 days from the last contact, and *shall not be permitted to engage in any occupation or practice which would bring them in contact with large numbers of persons, especially children.*

If any person who has come in contact with a patient afflicted with, or suffering from poliomyelitis wishes to leave the jurisdiction of the Health Officer within 30 days after the last exposure, the Health Officer shall notify the Bureau of Preventable Diseases of his name and proposed destination so that it may notify the health authority at the point of destination.

When any persons come into the area of jurisdiction of the Health Officer, from a region in which poliomyelitis is prevalent, the Health Officer shall regard them as contacts and shall keep them under observation for a period of 14 days after arrival, and shall subject them to the restrictions provided above for contacts.

RELEASE FROM QUARANTINE AND DISINFECTION:

When quarantine of a case of poliomyelitis is released (release shall be not less than two weeks from the beginning of the disease), the patient and the attendants shall bathe and wash their hair with soap and water, and put on clean clothes, and the objects in the area of isolation shall be disinfected.

The Health Officer shall determine the minimum amount of disinfection required, and shall see that it is properly done.

HOSPITALIZATION AND DEATH:

In the case of hospitalization or death of a person from poliomyelitis, the Health Officer may release from quarantine adult persons who do not have any symptoms of the illness, *but they shall be kept under observation for 14 days.*

If there are children under 16 years of age in the family, they shall be quarantined for a period of 14 days from the last exposure. Food handlers, and persons who come in contact with children, are to be *excluded from their occupation* for a period of 14 days.

FUNERALS:

Funerals of persons dead from poliomyelitis are *private* and subject to the procedure as outlined in "Instructions to Funeral Directors", page 71.)

INSTITUTIONS:

Cases of poliomyelitis occurring in institutions will be governed by special quarantine rules. In any and all such cases, refer to the Bureau of Preventable Diseases for procedure to be followed.

PSITTACOSIS

QUARANTINE "C":

PROCEDURE:

This disease requires special enforcement of isolation, with the technique as required for typhoid.

An immediate report by telephone to the Chief C.D. Inspector is required on all cases or suspected cases of human psittacosis. The Health Officer shall immediately secure a specimen of sputum, and if the case is discovered sufficiently early, a specimen of the patient's blood (collected as for a Widal test). Such specimens shall be mailed immediately in the approved mailing containers to the California State Department of Health, Hygienic Laboratory, Life Sciences Building, Berkeley, California.

The patient must be immediately isolated and cared for with approved Communicable Disease technique, and the attendants must not come in contact with others. The patient should be sent to the Los Angeles County General Hospital, if possible, where proper technique is assured; but he may be sent to any other hospital provided he and his attendants are isolated in a private room. Period of isolation is until clinical recovery.

CONTACTS:

If the patient dies or is removed, all contacts must be kept under observation for 10 days and immediately isolated if suspicious symptoms develop.

BIRD QUARANTINE:

All suspected birds shall be immediately quarantined on the premises where they are found, and attendants warned to use extreme care in feeding and caring for these birds, and always to wear gloves in handling them.

The State rules and regulations covering psittacine birds and their aviaries have been the object of much change and modification. Specimens for laboratory diagnosis of suspected birds are under the direct jurisdiction of the State Department of Public Health, and all questions concerning these aviaries and suspected birds shall be referred to the Chief C.D. Inspector, who shall secure rulings, etc., on individual cases from the Inspector of Psittacosis Control, State Department of Public Health.

FUNERALS:

No restrictions are placed on the funerals of persons dead from psittacosis.

RABIES

ANIMAL BITES AND SUSPECTED RABIES:

ANY ANIMAL WHICH BITES A HUMAN BEING IS TO BE SUSPECTED OF HAVING RABIES UNTIL PROVEN OTHERWISE. THEREFORE, ALL REPORTS OF DOG BITES OR SUSPECTED RABIES ARE EMERGENCY CALLS AND MUST BE GIVEN IMMEDIATE ATTENTION.

RABIES CONTROL—WHY.

The sole purpose of rabies quarantine is to hold and observe the animal involved for symptoms of rabies in order that the attending physician may be guided in his treatment of the human beings.

PASTEUR TREATMENT IS PREVENTION, NOT CURE — hence, quick and positive information regarding the animal is essential for the care of the human.

The circumstances under which the bite occurs may immediately rule out rabies with only a brief investigation. However, in the presence of a high or rising incidence of animal Rabies, the Health Officer shall use extreme care and judgment in ruling out rabies without a full and complete investigation. *Face bites*, when the circumstances of the injury plainly indicate carelessness or ignorance on the part of the person bitten, or that the bite was provoked, *do not necessarily indicate rabies, nor do they necessarily require Pasteur treatment*. Bites by animals that are usually caged, (such as monkeys, rabbits, white rats, mice, squirrels, etc.) may in most cases be ruled out as "not rabies" unless unusual or suspicious circumstances indicate otherwise.

REPORTING:

Reporting of rabies and other diseases of animals which may be transmitted to humans is required by the State Department of Public Health. Supplementing this requirement the following rules have been adopted by the Los Angeles County Health Department for the territory served by the Department:

PHYSICIANS or others called upon to treat patients for bites of dogs or other animals shall report such cases *immediately by telephone to the Health Officer*, giving name, address of patient, and such information as is available regarding nature and extent of injuries, circumstances under which bite occurred, description and ownership of dog or other animal. The Weekly Bulletin of the California State Department of Public Health, issue of March 5, 1938, says: "Cauterization of the wound with fuming nitric acid, which is the only reliable cauterizing agent, is also of prime importance in preventing the development of rabies." To be effective, cauterization should be done as soon as possible after the bite, and should be followed immediately by the application of a neutralizing solution.

VETERINARIANS or others having under observation or treatment any dog or other animal which has bitten a human being shall immediately report the case by telephone to the Health Officer and shall hold such animal under observation until release by the Health Officer.

VETERINARIANS or others harboring or owning any animal suspected of rabies shall report immediately by telephone to the Health Officer and *hold such animal* subject to his orders. Under this order a veterinarian is not permitted to release a dog suspected of having rabies even to its owner until permission is obtained from the Health Officer and arrangements are made to supervise its removal; neither may any rabid animal or suspected rabid animal be destroyed without permission of the Health Officer.

RECEIVING REPORTS:

If a report is received in a *District Office*, the clerk or other person receiving such report **MUST MAKE EVERY EFFORT TO GET THE IN-**

FORMATION COMPLETE AT THAT TIME, USING FORM P.D. No. 30.

If the report is received at the *Central Office*, follow the same procedure and transmit the information at once to the proper District Office. As soon as possible after receipt of a report of an animal bite, the person receiving the report will assign the case to an inspector, who will investigate the case, complete the information indicated on the P.D. No. 30, quarantine the animal or animals involved, and report the circumstances at once to the Health Officer.

If the person bitten reports to the Health Officer or the clinic, the patient shall be referred to the clerk designated to handle such reports, in order that no detail of information shall be missed. Further, every report of an animal bite must pass over the desk of the clerk designated to handle such work.

In cooperating cities maintaining a poundmaster or a patrolman assigned to such work who has been sworn in as a special deputy health officer, such poundmaster may receive reports of dog bites or suspected rabies and will have full authority for apprehending and quarantining the animal and posting animal quarantine card (P.D. No. 58). Reports should go through regular channels to an inspector, who will immediately follow up the search for human and animal contacts and carry out general instructions.

QUARANTINE PERIODS

ANIMAL BITE:

A minimum of fifteen days from the date of the bite (and for such additional time as may be required by local ordinances).

KNOWN CONTACTS:

For animals which have been bitten by, or are known to have been in direct contact with, another animal which is found to be rabid, the period shall be 90 days from date of bite or last contact, during which time the animal must be confined on the premises of the owner or custodian in a cage, enclosed paddock or on a chain leash in a manner to prevent possible contact with persons or other animals. Animals so quarantined must be observed weekly for the first four weeks, and monthly thereafter.

In all cases of known animal contacts of a rabid animal, every reasonable effort should be made to induce the owner or custodian of such animals to have them destroyed. If they agree, have a relinquishment signed (Pound Dept. Form P.D. #11), then telephone the Pound Department or Humane Society, *and have the animal or animals picked up as soon as possible.*

CASE PROCEDURE ON ANIMAL BITES

IMPORTANT: The inspector making the *first inspection* of an animal who has bitten a human being will quarantine the animal and report the facts to the Health Officer, who will determine whether *rabies is suspected*. If the case is obviously not rabies, it may be closed by the Health Officer, whose signature must appear on the P.D. #30. The following are essential in each case:

1. When a case of dog bite is assigned, the inspector shall investigate to get names and addresses of all persons bitten, and ascertain that all victims have had proper treatment. If any doubt exists, recommend that they see the Health Officer or a private physician; have P.D. No. 39 signed, and return the No. 39 to the Health Officer as soon as possible. If the patient has already contacted his private physician, investigation shall be made regarding the extent of the injury and whether or not fuming nitric acid was used.

2. Locate and quarantine animal; note symptoms carefully and indicate on the bite card. Fill out P.D. No. 30-B and serve on owner or custodian. Post "red" *Animal Quarantine card* P.D. No. 58 securely in a conspicuous place (See P.D. No. 58). Inform the owner or custodian that the quarantine is for a minimum period of 15 days, and warn the owner against removing or destroying the card, taking or allowing the animal to be taken off the premises during the quarantine period. Inform the owner or custodian that if the dog gets loose it is *his* responsibility, regardless of the circumstances.

3. If investigation shows there have been no human contacts with a dog diagnosed as rabid, the animal may be destroyed with the permission of the Health Officer, and the case (dog or other animal) reported as "clinical rabies". The head will, or will not be taken to the laboratory for examination, at the option of the Health Officer.

4. The owner or custodian of any quarantined animal shall always be instructed to notify the Health Department immediately if there is any change in the appearance or actions of the animal or any suspicious development, or if the animal escapes.

RE-VISITS:

The incidence of rabies in a district will regulate the need for re-visits on any ordinary animal bite. In cases where rabies is suspected or the circumstances warrant, more frequent re-visits are required, and *the orders of the Health Officer* shall regulate the procedure in all such cases.

If the case is ordinary—victim teased animal, tried to take food from animal, entered premises where dog was guarding property, etc., and the inspector has good reason to expect cooperation on the part of the owner, one visit to quarantine, and one to release on final diagnosis is all that is necessary. (However, in such cases the Health Officer may close the case if he desires, and sign Form P.D. #30.)

If a case of suspected rabies in a dog originates in one district, and with the knowledge and consent of the Health Officer, said suspected dog is taken to another district to be impounded and kept under observation, all history of the case is to be transferred to the second district, giving date of transfer and location of dog. From there on the second district will handle the case—either release the dog or in case it dies, take the head, if necessary, to the laboratory for examination.

PASTEUR TREATMENT:

Immediate Pasteur treatment is recommended in cases of face, head or neck bites, if for any reason rabies is suspected, or if the animal cannot be found for observation.

When a Health Department employee contacts a patient under any of these circumstances, he should refer such patient to the Health Officer and have a P.D. No. 39 signed by the patient (if patient is a minor, get the signature of a parent or legal guardian). If patient or guardian refuse to sign, the inspector will sign as the Health Department representative, and have the signature witnessed if possible.

When Pasteur treatment is prescribed, the Health Officer will note the fact on Form P.D. #30 and he (the Health Officer) will be responsible for seeing that the patient takes such treatment as is advised; otherwise he will have a new release (P.D. No. 39) signed by the patient or his guardian.

If Pasteur treatment has been started on a patient, treatment may be stopped if the dog is located and/or is found to be normal after 15 days from date of bite.

In cases of animal bite where rabies is *known*, or *suspected*, the inspector will instruct the patient or guardian:

1. Inform the patient that State and County Health authorities urge that fuming nitric acid be used for cauterization as soon as possible after the bite occurs. Instruct the patient to see the Health Officer immediately for cauterization. Get a P.D. #39 signed, or if the patient refuses to accept the recommendation, so state on the #39 and sign the form yourself (having your signature witnessed, if possible). In the event the wound is not cauterized, write an explanation on P.D. #30 under "Remarks".

2. In reporting laboratory findings to patients or others outside the Department, always use the terms "positive" or "none found"—never use the term "negative".

Emphatically, a "positive" report from the laboratory should be the only absolute laboratory confirmation of a clinical suspicion. A "negative" or "none found" laboratory report has no weight in deciding the need for Pasteur treatment, as the clinical manifestations of a suspected dog are always of primary importance. Quarantine of animal contacts should always follow where the animal in question shows clinical rabies even though the laboratory report may be "none found" or "negative".

If there is evidence of rabies, use every reasonable means to have patient or contact see the Health Officer or a private physician. You may say that in such cases the Health Department urges Pasteur treatment, but *official recommendation to take treatment must come only from the Health Officer or private physician.*

CAUTION: *Remember, the lay employee does not prescribe, nor does he instruct the patient to take treatment.* He is simply calling attention to the laws, rules, regulations and recommendations of the State, the County and the County Health Department.

In any case of "human rabies", an immediate and independent investigation shall be made by the Chief C.D. Inspector under the direction of the Bureau Director.

CAUTERIZATION OF BITES:

"Cauterization of animal bites should be done as soon as possible after the wound has been inflicted. Fuming nitric acid is the most effective cauterizing agent, especially when applied within 48 hours. While the actual

cautery is effective so far as it reaches the parts of a wound, the fuming nitric acid has the advantage of penetrating deep crevices which the iron cannot reach. Fuming nitric acid is superior in the treatment of wounds made by rabid animals. Such lesions should not be sutured." U.S. Public Health Reports, August 16, 1935.

Cauterization with fuming nitric acid should be followed immediately by the application of a neutralizing solution.

In order to avoid injury to the eyes or other tissues in face wounds it is important to secure immobility of the patient, if necessary, under a general anaesthetic.

Eminent authorities affirm that cauterization applied by careful technique produces scars no worse than if such wounds were treated by other methods.

If and when complications arise through administering anti-rabic treatment or in cauterizing dog bites, the Health Officer will be responsible for such after-treatment as may be necessary, in the same manner as he is responsible for complications or severe "takes" following vaccination.

INSTRUCTIONS TO FIELD WORKERS:

1. No animal known to have, or suspected of having rabies shall be transported from one point to another in that portion of Los Angeles County under the Los Angeles County Health Department jurisdiction, except in regularly-constructed "dog wagons", and under the supervision of a licensed veterinarian, or a poundmaster—the only exception being with the written permission of the County Health Officer, or the Director of the Bureau of Preventable Diseases.

2. When it is necessary to handle a live animal suspected of rabies, use equipment provided for that purpose. Do not take unnecessary chances of being bitten.

3. Remember that the saliva of an infected animal is virulent and may contaminate anything contacted.

4. When a rabid animal is found to be insecurely confined, it is the duty of the inspector to stand guard over such animal until the pick-up wagon arrives, to prevent contact by humans or animals with the infected animal and to prevent its escape.

5. If it should be necessary to have any suspected animal shot, instruct the person doing the shooting that the brain must be kept intact for laboratory examination, and request that the animal be shot through the heart if possible.

6. In removing head from a suspected animal after death, always use the rubber gloves provided for that purpose. Use a sharp "boning" knife as provided, severing the neck in the first joint back of the skull.

7. Wrap the head in several thicknesses of paper, while wearing the gloves; next, remove and wrap gloves and knife in another package; then place a final wrapping of clean paper outside of each package and take or send to the laboratory at once. Label each package plainly and specify whether for laboratory examination or for sterilization. A laboratory slip must accompany the head; and the slip must give a description of the animal, with the name and address of the owner, to identify the specimen. *Do not send decomposed heads to the laboratory.*

8. Inform the custodian that if the carcass is buried, it must be buried under at least three feet of earth.

INSTRUCTIONS FOR SENDING HEAD TO LABORATORY:

A. A complete set of rabies equipment shall be maintained at each health center for emergencies. This set shall consist of:

- | | | |
|--------------------------------|---|--------------|
| 1 pair heavy rubber gloves |) | |
| 1 boning knife |) | County issue |
| Supply of heavy wrapping paper |) | |

The inspector assigned to rabies work in the district will be responsible for keeping this equipment available and in proper condition at all times.

B. In routine work the inspector assigned to rabies work shall remove the head from the carcass of any animal that has died or been killed, if rabies is known or suspected. (Exception—paragraph "D" below).

C. Employees, especially nurses and physicians, assigned for emergency work (week ends, holidays, etc.) when notified by a Humane Society, veterinarian, or the owner or custodian, of the death of a suspected rabid animal, shall take this emergency equipment with them when calling for the head. It shall be the duty of the *custodian* of the animal to remove the head from the carcass, properly wrap *it and the tools* in *separate* packages and present them to the Health Department employee for delivery to the laboratory.

D. Veterinarians, kennels, dog and cat hospitals, etc., shall surrender the carcass of a rabid, or a suspected rabid animal, or such portion of the carcass as may be demanded.

RABIES FORMS IN USE

FORM P.D. NO. 30—ANIMAL BITE CARD:

To be used in every case or suspected case of rabies reported, for each animal bite on a human reported, and/or for each human contact of a rabid, or suspected rabid, animal.

1. *The original animal bite card, (Form P.D. #30) will serve as the sole record of the bite and the investigation, and will be retained in the District Office files subject to inspection by the Chief C.D. Inspector and/or the Division of Vital Records.*

As the original card will be the only permanent departmental record, the employees using the card must use ink or indelible pencil, keeping the card neat and legible. Further, the card must be kept in the District Office files except when being used in the field, and returned promptly to the files from field use.

2. The use of Form CD-VR 23 will be continued and shall be forwarded weekly to the Division of Vital Records, Central Office, as in the past, thus providing a weekly record of the number of bites and the number of Pasteur treatments. This form shall be forwarded each week at the same time the usual morbidity reports are sent.

3. Rabid animals will be reported on State morbidity cards as usual.

The procedure as outlined will provide satisfactory records and will eliminate considerable clerical work in the districts provided employees

charged with the handling of these records use proper care in making the cards, adding entries thereto, and returning the cards promptly to their proper file.

FORM P.D. 30-B—NOTICE OF ANIMAL QUARANTINE:

To be served, properly filled out, on the owner or custodian of an animal at the time the quarantine is imposed.

FORM P.D. No. 36—RABIES CASE RECORD:

To be used in each case of animal rabies, or cases suspected of being rabies if the animal dies. Each question must be answered and the symptoms and type of rabies indicated on the reverse side, which must be filled out in full in *all* cases where the brain is not examined, or when no negri bodies are found in the laboratory test. Each item must be checked "Yes" or "No". (Each P.D. No. 36 sent to the Chief C.D. Inspector must be accompanied by a copy of the P.D. No. 30 properly filled out, if a human has been bitten, or if there have been any human contacts of the rabid animal.)

FORM P.D. No. 39—WAIVER OF RESPONSIBILITY:

This form is for the protection of the employees and the Department and is to be used:

1. *By the field worker* when he refers to a Health Officer or private physician, a person who has been bitten by an animal, or who is a contact of a known or a suspected rabid animal, and such person has not had the necessary preventive treatment.

To save time and mileage, get this form signed on the first call on every case—unless the patient has already consulted the Health Officer or a private physician.

NOTE: If the patient is a minor, the signature of parent or legal guardian must be secured. *The signature of any relative who is not the legal guardian, is worthless.*

FORM P.D. NO. 48-A—QUESTIONS AND ANSWERS ON RABIES:

Educational material for the owner, custodian, physician, or any person interested.

FORM P.D. NO. 49—REPORTING OF ANIMAL BITES AND/OR SUSPICIOUS ANIMALS:

To be given to physicians or others who may be called upon to treat a person bitten by an animal; also, to veterinarians, animal hospitals, etc. Form is to be signed by the Health Officer. When investigating a case of non-reporting, always give a copy to the person involved.

FORM P.D. NO. 56—STRICT RABIES QUARANTINE (AREA PLACARD):

An area quarantine, the same as Form P.D. 57 below, except that it covers a strict confinement for all dogs in the area and does not permit "leashing" or any other variations.

This is intended for use chiefly in incorporated cities, by agreement with the City Council, etc., before the quarantine is declared.

FORM P.D. NO. 57—RABIES QUARANTINE AREA PLACARD:

If rabies becomes epidemic within a given area, an area quarantine may be declared by the County Health Officer by posting this form at the various outside boundaries and at prominent spots throughout the area. You will note the form provides that the area must be specified in detail. The rest of the form is self-explanatory.

An Area Quarantine shall be for a minimum period of 90 days and shall not be released by the County Health Officer until at least 90 days after the last known case of *rabies in the quarantined area*.

FORM P.D. NO. 58—ANIMAL QUARANTINE (RED CARD):

In each case of animal quarantine (except permanent quarantine), the red card must be placed in a conspicuous place as a *warning to any person entering the premises where the animal is quarantined*. Always warn owner or custodian that removing, defacing or destroying the card is a violation of State laws. The red card (P.D. No. 58) must be removed by a deputized employee at termination of the quarantine.

FORM P.D. No. 81—TRANSFER OF ANIMAL BITE CASE:

To be used when a case of animal bite or quarantine is transferred from one district to another. Also, for inter-district communication regarding animal bite cases.

FORM P.D. NO. 28—ANIMAL QUARANTINE ORDER:

To be used when impounding animals for observation. The following is from Bureau Order dated Nov. 2, 1943: "Effective 7-1-41 all matters having to do with the impounding of dogs under Ord. 2550 will be under the administrative management and control of the County Poundmaster—a full-time officer not connected with the Health Department."

When it becomes necessary for the Health Department to quarantine a dog or other animal in a contract humane society shelter, the Health Department must provide the humane society with proper authority in the shape of Animal Quarantine Order (our Form P.D. No. 28), accurately and completely filled in.

The Health Department does not pay impounding fees unless the animal is held for observation under our Quarantine Order. If the owner is known, an "Animal Relinquishment" (Form P.D. No. 11) signed by the owner must be held either by the Health or Pound Department, under which the destruction of the animal, if and when necessary, is authorized.

Note: The owner is expected to *maintain the quarantine at his home if possible; otherwise, the owner is expected to pay the contract humane society the necessary impounding and boarding fee*. Follow procedure as outlined in above order.

POUND DEPARTMENT FORM NO. 11 — ANIMAL RELINQUISHMENT:

To be used in all cases involving a suspected or known rabid animal or a known animal contact of a rabid animal where the owner or custodian is

willing to relinquish ownership of such animal. This form must be signed by the owner or custodian.

Note: Employees who in their work have occasion to use these forms should study them carefully, in order that they may be properly used.

HUMANE SHELTERS AND POUNDS

On holidays or week ends, when any animal in the custody of a Humane Society dies, and rabies is known or suspected—the Humane Society shall notify by telephone the inspector assigned to rabies control work in that district. If unable to contact that employee a report of the case shall be made immediately to the Division of C.D. Inspections through the county telephone operator (MUtual 9211).

The following rabies control regulations have been adopted for Pounds and Animal Shelters in the area served by this Department:

1. It is recommended that all pound men wear leather gauntlet gloves and leather leggings or high-topped shoes when engaged in their work.

2. All "come alongs" and other equipment used in the handling of rabid or suspected rabid animals (including drinking pans, etc.) shall be properly disinfected. This can be done by keeping a bucket or tank of lysol solution convenient and by immersing or thoroughly swabbing said utensils with the disinfectant.

3. All pounds shall provide special kennels for rabid animals, suspected rabid animals or known contacts of rabid animals. Such kennels should be maintained for that purpose only.

4. Immediately upon vacancy all kennels occupied by rabid (or suspected rabid) animals, should be disinfected with 10% formaldehyde solution; all other kennels should be regularly disinfected with any of the kreso disinfectants.

5. All pick-up wagons should be cleaned and disinfected (with a kreso disinfectant) as often as may be necessary, but at least once weekly. At any time a rabid (or suspected rabid) animal is picked up, the truck should be immediately disinfected.

6. All pounds shall be maintained in a clean and sanitary manner at all times, and shall be equipped with a suitable incinerator. It is unlawful to allow to remain on any premises of any pound any offal, garbage, dead animal or any putrid or offensive animal or vegetable matter; to maintain any building or premises in such manner as to permit the breeding or harboring therein or thereon of rats, fleas, lice, flies or other vermin. All garbage, offal and vegetable matter shall be placed in a water-tight metal container provided with handle and tight-fitting cover.

All Humane Societies and Pounds are hereby prohibited from destroying any dog from the area served by the Los Angeles County Health Department, at the owner's request *unless the owner in person shall sign a dated statement to the effect that the dog has not to the owner's knowledge, bitten any person during the fifteen days immediately preceding.*

**COOPERATIVE AGREEMENT
(Los Angeles City)**

In cases of suspected rabies in animals diagnosed or dying in territory served by the L. A. County Health Department, the heads will be examined by the L. A. County Health Department laboratory, and whenever the animal comes from L. A. City or there have been human or animal contacts in L. A. City, such information will be transmitted by telephone immediately to the L. A. City Health Department.

In cases of suspected rabies in animals diagnosed or dying in L. A. City territory, the head will be examined by the L. A. City Health Department laboratory, and if animal originated in County Health Department territory or there were human or animal contacts in County territory, such information will be telephoned immediately to the L. A. County Health Department.

In any case of suspected rabies originating in L. A. County territory and going to L. A. City territory, the L. A. County Health Department will make a laboratory examination, if the L. A. City Health Department will give notice that it does not care to make such examination.

**VICIOUS DOGS
L. A. County Ordinance #1371 (N.S.)**

Invoking Ordinance No. 1371 should follow instances of a second bite in County territory if an affidavit can be obtained. The same procedure may also be used in those incorporated cities which have a similar ordinance. Under such quarantine no quarantine card (Form 58) is posted. The dogs must be permanently restrained, and movement is only with the permission of the County Health Department.

An approved form of "Affidavit of Bite", and an approved form of "Notice to the Dog Owner", shown on pages 48 and 49 should be used.

(This form is not numbered and not stocked. Make out on typewriter as needed.)

STATE OF CALIFORNIA,)
COUNTY OF LOS ANGELES.) SS

Personally appeared before me.....
..... of who
deposes and says that on or about.....
19..... a certain..... dog owned and harbored
by at
bit..... .

Subscribed and sworn to before me,
a Notary Public day
of....., 19.....

NOTARY PUBLIC IN AND FOR THE COUNTY
OF LOS ANGELES, STATE OF CALIFORNIA

(This form is not numbered and not stocked. Make out on typewriter as needed.)

Date.....

Mr. John Doe,
123 E. Fourth Street,
Alhambra, California

By authority of Ordinance No .1371 N.S., County of Los Angeles ,you are hereby notified to keep your.....dog, known as....., at all times on the property or premises at.....

.....where you reside, or to cause this dog to be kept on these premises or upon the premises of such person to whom you may give custody of this dog or to hold said dog securely or cause said dog to be held securely by a leash or other device or means to prevent said dog from wandering, straying or getting beyond control of yourself or the custodian of said dog. In case custody of said dog is given to another person other than a resident of your premises at.....

....., notification must be given the Health Officer before such change is made. Or in case the dog is destroyed, written evidence of such destruction must be given the Health Officer.

Complying with Ordinance No. 1371 N.S., this office has on file an affidavit from....., stating that your dog has bitten.....

Very truly yours,
L. A. County Health Officer
By.....

Title

cc.: District Health Officer
Pound Department
File

SCARLET FEVER (SCARLATINA)

NOTE: ANY CASE OF SCARLET FEVER ON A DAIRY OR IN THE HOME OF A DAIRY WORKER OR FOOD HANDLER, MUST BE REPORTED IMMEDIATELY TO THE CHIEF C.D. INSPECTOR. QUARANTINE "B":

INVESTIGATION OF CASE:

Immediately upon the report of a case or a suspected case of scarlet fever, the Health Officer shall do whatever he considers necessary to establish a diagnosis, which as a rule will require his examination of the patient, and he shall make an investigation which shall include inquiry regarding the possible source of infection. If the source of infection is outside his jurisdiction, he shall notify the Morbidity Section, Division of Vital Records, Central Office, in order that it may inform the Health authorities within whose jurisdiction the infection was probably contracted.

Care should be taken to note and report secondary cases. Health Officers should not assume the responsibility of reversing the diagnosis of the report-

ing physician when they do not see the patient until several days after definite symptoms have subsided.

If the Health Officer, upon making the investigation is satisfied that the case is one of scarlet fever or suspected scarlet fever, *explicit isolation* instructions shall be given to the members of the household.

PERIOD OF QUARANTINE AND CONDITIONS OF RELEASE:

The quarantine shall be for a *minimum period of 7 days* from the onset of the disease, *but shall continue until complete disappearance of inflammation of the nose and throat and the cessation of discharge from the nose, throat, ears and suppurating glands.*

Release is not predicated on desquamation. (See page 5 for figuring release date.)

Scarlet fever patients are released only after inspection by the Health Officer or his authorized agent. **THE RESPONSIBILITY HOWEVER RESTS UPON THE HEALTH OFFICER.**

QUARANTINE PASSES:

When the case has been effectively isolated and such arrangements have been made as will remove the danger of transmitting the disease to persons outside the quarantine area, such persons over 16 years of age (except school teachers, food handlers and dairy workers) who do not show any symptoms of the disease and who are not attending school, may be given a quarantine pass to enter and leave the quarantined premises.

CONTACTS:

1. Contacts in the home are restricted for the period of quarantine except as provided under "Hospitalization and Death", page .

2. Contacts of scarlet fever who are children living outside the quarantined premises are kept under medical observation for seven days after last contact. Where daily medical supervision is available at the school, such contact may be permitted to attend school providing the proper school authority is informed of this action.

3. School cafeteria workers who are contacts but living outside the quarantined premises shall be referred to the school medical service for permission to return to duty.

4. School teachers or other persons who in their occupations come in contact with children, and who are direct contacts of a case of scarlet fever, or reside on the premises of a case of scarlet fever, may arrange residence outside the quarantined premises and continue their occupations providing arrangements are made for medical observation for seven days after last exposure, and continuance of their occupations shall be subject to approval by the Health Service of the Board of Education.

SCHOOLS AND INSTITUTIONS:

When a case or a suspected case of scarlet fever appears in a school or institution, control measures shall include daily medical inspection of all persons in contact with the case, and the exclusion or isolation of every person having sore throat, fever, headache, vomiting or any other symptoms of the beginning of febrile disease.

Children, when so excluded, may be re-admitted *only after being inspected by the Health Officer.*

SCHOOL EXCLUSIONS AND SCHOOL RE-ADMISSIONS:

School exclusions—See instructions on page 7.

School re-admissions—See instructions on page 8. The Health Officer should not issue school re-admission permits until he is satisfied beyond doubt that the patient is in a non-infectious state.

FOOD HANDLERS:

Persons handling or preparing food that is to be consumed by others than members of their own households, who are direct contacts of a case of scarlet fever, or reside on the premises of a case of scarlet fever, may arrange residence outside the quarantined premises and continue their occupations under medical observation.

DAIRY WORKERS:

In view of the involved procedure when scarlet fever appears in the family of the owner or a worker on a dairy, or when a patient is a dairy worker himself, it is impossible to write a prescribed set of rules. Therefore an immediate report of such a case shall be made to the Chief C.D. Inspector, who will assist in working out the details of quarantine to the least economic disadvantage of the persons involved.

Under no conditions is a contact permitted to handle or come in contact with milk or any of the utensils or equipment used in the handling or sale of milk. Under certain conditions the Chief C.D. Inspector may make provisions for the dairy worker contact to work the "head end" of the cow.

HOSPITALIZATION OR DEATH:

In cases where a patient dies or is sent to the hospital, and there are no children or food handlers in the household, quarantine may be released as soon as the premises are disinfected, provided no adults show suspicious symptoms. Children in the family may be released 7 days after the onset of the case.

In case of death, funerals and contacts shall be handled as outlined under the section entitled, "Instructions to Funeral Directors", page 71.

TERMINAL DISINFECTION:

When a case of scarlet fever has been released from quarantine, disinfection of the entire area of isolation shall be done. This cleansing shall consist of the scrubbing with soap and water of all woodwork and furniture which can be reached by the persons in the room. There is no necessity for washing ceilings or the upper parts of high walls.

A representative of the Health Department shall instruct the quarantined family as to the procedure necessary in the renovation of the house at the end of the quarantine. When necessary, in the opinion of the Health Officer, this representative of the Health Department shall supervise the renovation.

SURGICAL SCARLET FEVER:

In view of the record of communicability in some cases of "surgical scarlet fever", "burn scarlet fever" and "wound scarlet fever", such cases shall be handled in the same manner as ordinary scarlet fever. When the patient develops evidence of such infections in the hospital, there shall be no quarantine of home contacts provided the rash appears 24 hours or more after the patient has left the home.

When a case of "surgical scarlet" occurs in a hospital, it shall immediately be reported to the Chief C.D. Inspector who, in collaboration with the Health Officer shall give specific instructions governing the individual case.

SEPTIC SORE THROAT

QUARANTINE:

"A" on a dairy; otherwise "C".

All cases or suspected cases of septic sore throat shall be held on clinical symptoms pending final diagnosis. In all suspected cases the Health Officer *shall immediately take a smear and a culture from the throat of the patient* and submit same to the laboratory for examination. (Note details on laboratory slip for guidance of technician.) A second smear and culture from the throat shall be taken not less than 24 hours later, and submitted to the laboratory for examination.

When a case or suspected case of septic sore throat occurs or is reported on a dairy or in the family of a dairy worker, a telephone report shall be made immediately to the Chief C.D. Inspector and the dairy quarantined (A) pending final diagnosis.

INVESTIGATION OF CASE:

Careful search and examination should be made for other cases or carriers among milkers or other handlers of milk as well as among the contacts of the patient. Early recognition of the disease is the most important factor, in view of its explosive character. On dairies, the Chief C.D. Inspector will supervise the quarantine, regulation of milk supply, etc. No milk from a suspected dairy shall be sold or used until properly pasteurized under the supervision of the Chief C.D. Inspector.

CONTACTS:

On dairies or in other places where milk is handled, contacts shall be held under quarantine and observation of the Health Officer.

In other cases (Quarantine C), no restrictions after the patient is isolated, but should be observed three days after last contact for clinical symptoms.

DISINFECTION:

Concurrent for patient and terminal for patient's quarters.

RELEASE:

Only after complete clinical recovery. Patient should be checked by smear and culture for carrier stage after clinical recovery.

SMALLPOX

QUARANTINE "A":

An immediate telephone report to Central Office, Bureau of Preventable Diseases, is required in all cases of smallpox or suspected smallpox.

In the control of smallpox the immediate vaccination or quarantine of all contacts is of vital importance, all other measures being of little value. Following is the procedure for the control of smallpox:

QUARANTINE PROCEDURE:

Immediately upon the report of a case or a suspected case of smallpox the Health Officer shall quarantine the patient and contacts. Where diagnosis cannot be made certain on the first visit, notify the Chief C.D. Inspector and proceed with the vaccination of contacts pending positive diagnosis.

Upon being notified of a case of smallpox, or a case suspected of being smallpox, the Health Officer shall make an investigation which shall include an inquiry regarding the probable source of infection. If the source is outside his jurisdiction, he shall notify the Morbidity Section, Division of Vital Records, Central Office, in order that it may inform the health authorities within whose jurisdiction the infection was probably contracted.

If the Health Officer, upon making the investigation, is satisfied that the case is one of smallpox or suspected smallpox, he shall instruct the members of the household in the technique to be followed during the period of quarantine. In the event of non-observance of these instructions, an immediate telephone report shall be made to the Chief C.D. Inspector, who shall take the necessary legal steps for their enforcement.

CONTACTS:

Any person who shall have been exposed to the risk of contracting smallpox by proximity to a person suffering from that disease, may be released from quarantine only upon the following conditions:

First: *Such contact shall prove* to the satisfaction of the Health Officer *that he has had smallpox, or*

Second: *He shall prove* to the satisfaction of the Health Officer *that he has been successfully vaccinated against smallpox within the past five years, or*

Third: *He shall submit to vaccination against smallpox.*

When a non-immune contact is moved to a new location during the period of incubation, all persons in the household to which such person is moved must first be vaccinated in a manner satisfactory to the Health Officer.

Contacts who are unable to show a good scar shall be kept under observation until immunity is established by vaccination. Such contacts who are vaccinated more than 72 hours after exposure, if released, shall be required to report daily until immunity is established, and shall be placed under quarantine immediately if suspicious symptoms develop.

If there is a large number of contacts of a case of smallpox, it is sometimes possible to save considerable time by ordering the contacts in writing to report to the Health Officer for vaccination, at a given time and place. This can be done by the use of the form shown on page 55 made in duplicate, one copy served upon the contact, and the other copy retained for Health Department files.

This form is especially useful in case of an outbreak in a school, or institution, on a large work project or in a factory, after arrangements have been made for a vaccination program.

Violation of the Health Officer's order for observation, or his order to report for observation or vaccination shall result in immediate quarantine. Under some circumstances in such quarantine, it may be desirable to use the special quarantine notice, Form P.D. #41.

CASUAL CONTACTS:

Any person who has been exposed to the risk of contracting this disease by proximity to a case or to a suspected case of smallpox, shall be placed in quarantine for a period of 14 days from the last date of exposure.

Such persons may be released if evidence of protection against smallpox is proven to the satisfaction of the Health Officer.

VACCINATIONS:

The Health Officer shall offer free vaccination to all persons who have been exposed to a case of smallpox or a case suspected of being smallpox. Persons refusing to cooperate with the Health Department, or who refuse vaccination, or who fail to qualify for release from quarantine as outlined before, shall be retained in quarantine until immunity is established, or until 14 days have elapsed since last contact.

Un-vaccinated persons in the household shall be held in quarantine for 12 days after the patient is released, or is ready for release. Contacts may be vaccinated by their own physician if the *County Health Department vaccine is used in the presence of the Health Officer or his deputy.* Otherwise, such contacts shall be re-vaccinated by the Health Officer or held in quarantine. In every vaccination done by the Health Department, instructions for home care after vaccination (PD #4) must be given to the patient, parent or guardian at the time of vaccination.

SCHOOL TEACHERS, STUDENTS, FOOD HANDLERS, ETC.

Contacts coming under this group whose immunity has been established, who have moved outside the quarantine premises and who do not come in contact with the patient or other persons in quarantine are not subject to any restrictions.

NURSES AND ATTENDANTS:

Nurses or others engaged to attend patients must be vaccinated in a manner satisfactory to the Health Officer before they are permitted to enter the premises.

QUARANTINE PASSES:

None.

PERIOD OF QUARANTINE AND RELEASE:

As soon as a patient has recovered from smallpox, i.e. when the scabs have separated and scars have completely healed, and the recovery of the patient has been verified by the Health Officer, the patient and attendants may then be released from quarantine, but any un-vaccinated person remaining on the premises shall be held in quarantine for 12 days after the termination of the quarantine of the patient.

HOSPITALIZATION OR DEATH:

Only two classes of smallpox cases may be sent to the Los Angeles County General Hospital. (Permission to send cases to the hospital must be obtained through the Bureau of Preventable Diseases or the Chief C.D. Inspector.) These two classes are:

- A. Cases that cannot properly be quarantined at home, such as those in apartment houses, rooming houses, bungalow courts, hotels, etc.
- B. Severe cases where need for hospital treatment is imperative.

Funerals of persons dead from smallpox are strictly private under supervision of the Division of C.D. Inspections.

DISINFECTION AFTER RELEASE FROM QUARANTINE:

Each person released from quarantine shall bathe and wash the hair with soap and water, and put on clean clothes. Areas of isolation shall be disinfected under the supervision of the Health Department after termination of the quarantine.

Disinfection shall be a thorough cleaning of the entire area of isolation. This cleaning shall consist of scrubbing with soap and water of all woodwork and furniture. There is no necessity for washing ceilings or upper part of the walls. Upholstered furniture, carpets and hangings must be exposed to the sunlight for several days. The persons who carry out the cleaning of the rooms must be protected by vaccination with fresh smallpox vaccine before undertaking such disinfection.

In cases of hemorrhagic or confluent smallpox, the Division of C.D. Inspections will supervise the disinfection and release.

LOS ANGELES COUNTY HEALTH DEPARTMENT BUREAU OF PREVENTABLE DISEASE

To.....

Having been in contact with a case of smallpox, you are hereby ordered to report to the Health Officer at.....

Street

A.M.

..... at P.M. 194.....

City

Failure to comply will make quarantine necessary.

L. A. COUNTY HEALTH OFFICER

By.....

Title

Date.....

TUBERCULOSIS

Active cases of pulmonary tuberculosis shall be excluded from the handling of food products and from such occupations as barber or cosmetician, teacher, or person caring for children, by the Health Officer, and may be re-admitted only by written orders of the Health Officer or his authorized agent. All active cases of pulmonary tuberculosis among school children shall be referred to the Chief Tuberculosis Physician for decision as to exclusion from school.

POSITIVE SPUTUM CASES:

Regardless of apparent cooperation, all frankly positive sputum cases shall be reported direct to the Tuberculosis Registry, Central Office. On the 15th of each month, the Tuberculosis Registry shall furnish various District workers, namely, the supervising nurses, medical social workers and tuberculosis clinicians, with a list of all positive sputum cases in the District. These employees shall then make the regular routine calls as specified for their respective bureaus, to ascertain:

1. If patient and the contacts understand thoroughly the instructions for the control of the spread of tuberculosis.
2. That home conditions are satisfactory for the prevention of spread of tuberculosis.
3. That proper provision is made for the disposal of sputum.

These visits shall be repeated once a week or oftener if necessary, until correctable problems are solved in the province of each visitor, and then the intervals may be extended up to one month in clinic cases or one year in private cases, as the visitor's judgment dictates.

LEGAL ORDERS:

Requests for issuance of Legal Orders for examination of patients or contacts or requests for isolation of patients shall be originated by the clinician and made up by the medical social worker in the District. They shall then be endorsed by the various other District workers as indicated on Form P.D. No. 27, and forwarded to the Division of C.D. Inspections.

1. In making up such requests (Form P.D. #27), it is essential that the correct street address and city or precinct be given in each case, as well as the nearest cross street.

2. To prevent possible legal complications as to incorrect service or false arrest, a detailed description of the individual to be served shall be noted on the Form P.D. No. 27—particularly any outstanding identifying marks, such as scars, moles, etc.

3. To facilitate handling, the "facts of the case" or reasons why such action is necessary, *should be full and complete* for the information of the Chief Tuberculosis Physician in approving or disapproving the request.

4. The Chief Tuberculosis Physician shall approve the Form P.D. No. 27 and turn it over to the Division of C.D. Inspections for further action; or,

5. Veto the request, giving his reasons, and return the form via C.D. Inspections to the District medical social worker.

6. After a case has been referred to the Division of C.D. Inspections for action on a "Legal Order", the Chief C.D. Inspector shall be advised of

all actions in the case thereafter, and no action affecting the legal status of the case shall be taken without his knowledge and consent.

The County Health Officer and his agents are ethically and legally responsible for any case of tuberculosis resulting from neglect in applying authorized and mandatory measures to prevent known cases from spreading the disease, but extreme care must be exercised, as far as considerations of public health will permit, to avoid parading our authority, or any display of threats, anger or persecution. We must, however, insist on both the kind and degree of isolation that are necessary to protect the public. Anyone noting frequent new cases occurring in a restricted area shall so inform the Chief Tuberculosis Physician, who shall give the situation special attention.

ROUTINE PLACEMENTS:

Form #27 is unnecessary for routine placements, and these patients will be expected, as far as possible, to make their own transportation arrangements. The District workers should not ask the Division of C.D. Inspections to transport patients except as a last resort when all other attempts to arrange transportation have failed.

ENFORCED PLACEMENTS:

Definition: When a patient's family does not cooperate, or there are repeated cases in a household, or the patient is recalcitrant—such cases constitute a public health menace and shall be placed under an Order of Isolation as an *enforced placement*.

All details of the handling of enforced placements shall be taken care of by the Division of C.D. Inspections as soon as the request (Form P.D. #27) has been approved by the Chief Tuberculosis Physician.

When the Chief Tuberculosis Physician approves the medical basis for action, the Division of C.D. Inspections shall make out the necessary Isolation Order, secure the signature of the Health Officer or other authorized deputy Health Officer, and serve and execute the Order, using its best judgment in the details thereof for the best interests of the community, the patient and the Department.

In emergencies, the Health Officer or the clinician may contact the Chief Tuberculosis Physician or the Chief C.D. Inspector by telephone to secure the necessary action. All requests for beds for the isolation of tuberculosis patients must be made through the Chief Tuberculosis Physician or the Chief C.D. Inspector when they are available; and when not available, a report of any action taken, with the circumstances surrounding same, shall be made to the Chief Tuberculosis Physician at the earliest possible moment.

An Order of Isolation will be terminated upon receipt of a statement from the institution that the case is no longer communicable, according to the standards adopted February 15, 1945, or upon a statement by the Health Officer that the case can be satisfactorily isolated elsewhere.

SPECIAL INSTRUCTIONS TO ALL WORKERS

1. In all correspondence about a patient, always show the Department case number for the patient; e.g., East Los Angeles #38-720-2.
2. Whenever a Form P.D. No. 27 requests both an X-ray and a physical examination—the place and hour shall be designated when and where

both examinations can be given by *one* visit by the patient to a Health Center. This must be done even though an adjoining District Health Center must be used. Technically, any person must comply with all orders of the Health Officer, but the Court is influenced by a patient's statement that he acted as directed in filling a single appointment, and thought such action was sufficient.

3. After a patient has been referred to the Division of C.D. Inspections for legal action through P.D. #27, use lettergrams only for further follow-up on the case.

TYPHOID FEVER AND PARATYPHOID FEVER

QUARANTINE "C"—("A" ON A DAIRY):

NOTIFICATION:

Any person in attendance on a case of typhoid fever or paratyphoid fever, or a case suspected of being typhoid or paratyphoid fever shall report the case to the Health Officer within 12 hours.

Note: This notification should, if possible be made by telephone, but in that case it shall be confirmed afterwards in writing. (The written report must be made within 24 hours.)

INVESTIGATION OF THE CASE:

Upon being notified of a case or a suspected case of typhoid fever or paratyphoid fever, the Health Officer shall make an investigation which shall include stool and urine specimens for laboratory examination from the close contacts, and an investigation regarding the probable source of infection, *particularly for carriers among the members of the family* or household visitors. If this probable source of infection is outside his jurisdiction, he shall notify the office of the Morbidity Section, Division of Vital Records, Central Office.

INSTRUCTIONS TO HOUSEHOLD:

It shall be the duty of the Health Officer to see that the members of the household of a person having or suspected of having typhoid fever or paratyphoid fever are instructed in precautionary measures for preventing the spread of the disease. The instructions must be understood and observed. In the event of their non-observance, the Chief C.D. Inspector must be notified; and he shall take proper legal steps for their enforcement.

INSTRUCTIONS:

- (a) Patient to have a separate bed in a room screened against flies.
- (b) Unnecessary visitors are to be excluded from the sick room.
- (c) The attendant shall wear a washable outer garment while waiting on the patient, and wash the hands thoroughly with soap and water after handling the patient or contaminated objects. The washable outer garment shall not be taken from the room until disinfected as directed in (g), below.
- (d) The attendant must not prepare or serve food for any person other than the patient.

- (e) Feces, urine and other discharges from the patient shall be immediately disinfected: "Pour one quart of water in the feces receptacle, then one heaping cupful of quick-lime (calcium oxide), or use one quart of 5% lysol, then cover and allow to stand for two hours."
- (f) Contaminated objects must be disinfected before being removed from the sick room.
- (g) Clothing, bedding, dishes and other utensils, may be disinfected by boiling in water for one hour or soaking for one hour in a 5% lysol solution or a 10% formalin solution.
- (h) Food remnants shall be burned, or, if liquid, disinfected (by mixing with equal quantities of either 5% lysol solution or of 10% formalin solution.)

QUARANTINE "C"—("A" ON A DAIRY):

If after making the investigation the Health Officer is satisfied that the case is one of typhoid fever or paratyphoid fever or is strongly suggestive of typhoid fever or paratyphoid fever, he shall establish a quarantine by placard. Because it is illogical to give quarantine passes to many persons in typhoid fever or paratyphoid fever cases, it is desirable whenever possible to placard only the area of isolation.

EPIDEMIOLOGICAL INVESTIGATION:

Epidemiological investigations and reports on special State Board forms shall include a sanitary survey made by a Sanitary or C.D. Inspector in company with the Health Officer. Immediate abatement of all conditions which may contribute to the spread of the disease is required. The Sanitary Inspector shall be advised of all orders issued by the Health Officer pertaining to sanitation and he will be held responsible for immediate enforcement and continued observation of such orders until the case is released from observation.

REPORTS TO CENTRAL OFFICE:

The report of the Sanitary Inspector or C.D. Inspector on the survey, abatement, enforcement and results shall be included in the epidemiological report of the Health Officer. If the case occurs in a modern home in an urban locality, the report may simply state modern home, sanitary plumbing, sewer or cesspool, approved garbage disposal, regular collection, water company recent test, etc., together with a brief description of the general sanitary conditions, under "Remarks". The epidemiological report shall be made by the Health Officer on the State Board forms for "Enteric Fevers". The case record should contain information as to whether immunization was given the contacts or refused.

Important: The proper State Board form must be used to report the results of the investigation.

CONTACTS:

No restrictions except for those in "restricted occupations", such as food handlers, milk handlers, bartenders, ice manufacturers, beverage and water

producers and others who could infect food, drink or other substances to be ingested by humans. Contacts in these restricted occupations shall:

1. Move to another location.
2. Be excluded from work for two weeks.
3. Have two successive negative stool and urine specimens taken at least 48 hours apart.

So long as contacts remain on the premises they shall not work at restricted occupations until after the patient has been released and the contacts have had two negative stool and urine specimens, taken at least 48 hours apart.

As soon as the necessary stool and urine specimens have been secured, *close contacts should be urged to take anti-typhoid-paratyphoid vaccination.*

MILK:

If a case or a suspected case of typhoid fever or paratyphoid fever occurs on the premises of a milk producer or distributor, the Chief C.D. Inspector shall be notified immediately, and the Health Officer shall forbid the distribution or use of the milk until he or the Chief C.D. Inspector has visited the premises and determined that the following regulations are understood and will be strictly observed:

1. No person who is engaged in the production or distribution of milk or who comes into contact with the bottles or other utensils shall have access to the building housing the patient.
2. No person living in or entering the building housing the patient shall enter any part of the plant used in the production or distribution of milk, nor shall he come in contact with any utensils associated with the production of milk.
3. No milk or cream from these premises shall be distributed or used, nor shall the milk or cream be manufactured into milk products, unless pasteurized according to Division 4, Chapter 4, Article 1, Sections 631-637 of the Agricultural Code of California.
Pasteurization will not be permitted upon the premises mentioned.
4. If the patient has been removed from the premises and the Health Officer has determined that the other members of the household are free from infection (see Contacts), and that the water supply used in the production of milk is not a potential source of typhoid fever or paratyphoid fever, he may permit the distribution of milk.

HOSPITALIZATION AND DEATH:

If the patient dies or goes to the hospital and other members of the family are free from infection, they may be released from supervision, except food handlers and dairy workers.

TERMINATION OF CASE AND RELEASE FROM QUARANTINE:

When a patient suffering from typhoid fever or paratyphoid fever has recovered and the temperature returns to normal, the physician shall notify the Health Officer that the patient is ready for release. The Health Officer shall thereupon make an investigation and if he finds that the patient has made a complete clinical recovery as reported, the Health Officer shall require the furnishing of specimens of feces and urine from the patient for labor-

atory examination, and until two successive negative results have been secured from such specimens taken at intervals of not less than five days, nor more than one month, the Health Officer shall keep informed as to the whereabouts of the patient, taking such measures as may be necessary to protect the public health.

FOOD HANDLERS—RELEASE:

If the patient's occupation involves the handling of food, or, if the quarantined premises include any type of public eating place, a dairy or milk distributing plant, the quarantine may be lifted after clinical recovery of the patient, but the following restrictions shall remain in force:

The patient shall not have any part in the production, preparation or serving of milk or food until three successive negative results have been secured from feces and urine specimens from said patient, which specimens shall be taken at intervals of not less than five days nor more than one month.

All contacts shall have had two negative stool and urine specimens, taken at least 48 hours apart. (See Contacts, page 59.)

Also, all milk, cream or other milk products shall continue to be taken from these premises and pasteurized as specified under "MILK" until the three successive negative results have been secured from the patient.

Note: Lack of cooperation on the part of the patient may be immediate cause for continuance of quarantine.

FUNERALS:

In case of death from typhoid fever or paratyphoid fever, where there is immediate terminal disinfection, the private funeral requirement may be waived.

TYPHOID AND PARATYPHOID FEVER CARRIERS

QUARANTINE "C" OR "E":

DEFINITIONS:

CARRIERS:

Any person whose feces or urine contains the bacilli causing typhoid or paratyphoid fever and who is not ill, shall be reported as a carrier.

CARRIERS—CONVALESCENT:

Any person who has been free from symptoms of either of these diseases for one month, and whose feces or urine contains the bacilli causing these diseases, shall be reported as a convalescent carrier and requires a case history report on Special State Board Form "Convalescent Typhoid Carrier History."

CARRIERS—CHRONIC:

Any convalescent carrier whose feces or urine continues to contain any of these bacilli after one year following clinical recovery, shall be reported as a chronic carrier, and any person whose feces or urine contains any of these

bacilli but gives no history of recently having had the disease shall be recorded as a chronic carrier, and requires a case history report on special State Board form "Casual Typhoid Carrier History".

GENERAL:

The Health Officer shall visit each carrier in his District *at least twice a year* to check on the occupation, address and other activities of the carrier and to determine if all instructions are being carried out.

All laboratory specimens for such carriers shall be taken under the supervision of the Health Officer under such conditions that he can certify as to their being authentic specimens of the individual.

When any known or suspected carrier of these diseases is reported to or determined by, the Health Officer, he shall make an investigation, obtain specimens of feces and urine for laboratory confirmation and submit a report to the State Department of Public Health. Any known, or suspected carrier of these diseases shall be subject to modified isolation (Quarantine E), and the provisions of this isolation shall be fulfilled during such period as he complies with the following requirements.

A. Every member of the carrier's family should be immunized against typhoid or paratyphoid fever, and such immunization should be repeated at least every three years.

B. If the premises on which the carrier resides are provided with an outdoor privy, the carrier shall have on hand at all times an adequate supply of quicklime and use it as instructed. The privy shall be kept at all times in a sanitary condition and screened against flies.

C. The patient shall sign the following agreement in quadruplicate (one copy for the patient and one copy for the local District; 2 copies to be sent to the Morbidity Section, Division of Vital Records, Central Office—one of which shall be the file copy and the other to be forwarded to the State Department of Public Health).

TYPHOID CARRIER AGREEMENT

I have been informed that my excreta contains typhoid bacilli and that unless unusual precautions are taken, persons will contract typhoid fever from me. Realizing this danger I hereby agree to observe the precautions stated below, that I may be permitted to remain in free communication with other persons.

1. I will take no part in the preparation, serving or handling of food which may be consumed by any person other than my own immediate family. I shall not engage in any occupation which brings me in contact with milk, milk products, milk bottles, or milk utensils, nor will I participate in the management of a dairy or other milk distributing plant, boarding house, restaurant, food store, or any place where food is prepared or served, nor will I reside on the premises of any such food handling establishment.
2. I will wash my hands thoroughly with soap and hot water and a nail brush after using the toilet and before handling food in my home.

3. I will keep the Health Officer informed at all times of my address and occupation and will notify the Health Officer at once of any contemplated change in my address or occupation.
4. I will communicate with the Health Officer before submitting to any type of treatment intended for the cure of the carrier condition.
5. I will report to the Health Officer immediately any case of illness suggestive of typhoid or dysentery in my family or among my immediate associates.

Signed
 Address
 Witness

.....
Date

District Health Officer

If the carrier refuses to sign this Agreement, the Health Officer shall continue with Quarantine "C".

RELEASE:

Typhoid and paratyphoid fever carriers usually continue to be carriers for life. Specimens for laboratory examination are unnecessary after the fact of the carrier state is established and a signed carrier's agreement is secured.

State law provides for the release of carriers only by the Director of the State Department of Public Health. For details of such releases, refer to the "Regulations for the control of Communicable Diseases adopted April 3, 1943", and amendments thereto by the State of California Board of Public Health.

TYPHUS FEVER (Epidemic Type—Louse borne)

QUARANTINE "A":

Upon being notified of a case of epidemic typhus fever or a case suspected of being epidemic typhus fever the Health Officer shall make an immediate investigation; and, if he finds that the case is or may be epidemic typhus fever, he shall establish an absolute quarantine of the patient and contacts.

An immediate telephone report to Central Office, Chief C.D. Inspector, must be made, and the Chief C.D. Inspector shall supervise the delousing and disinfestation and release of home quarantine.

State Department rules require an immediate communication from the Health Officer on each such case.

PROCEDURE:

In a case of typhus fever the patient shall be removed as soon as possible to the General Hospital and in case thorough investigation by the Health Officer and/or the Chief C.D. Inspector indicates that lice were or may have been involved in transmitting the disease, the following procedure for disinfestation shall be carried out.

FUMIGATION.

The fumigation of the premises shall be done with hydrocyanic acid gas, by a licensed fumigator under the direction of and in accord-

ance with arrangements made by the Chief C.D. Inspector.

A careful check of the premises must be made to see that no person, domestic animal or pet remains in the area to be fumigated.

The Chief C.D. Inspector shall maintain at all times suitable guards (C.D. Inspectors or others assigned to the task) for the premises as a protection to life and property during fumigation processes and while such premises are the direct responsibility of the County Health Department.

Further, the Chief C.D. Inspector shall see that the premises are turned over on completion of fumigation to the owner or custodian, or his authorized representative.

DELOUSING.

The Chief C.D. Inspector shall be responsible for the supervision of the delousing of the persons of contacts, which shall be done by a public health nurse for women and children, and by a C.D. Inspector or other male person assigned for men.

Contacts shall remain in quarantine for 14 days after last exposure.

The Chief C.D. Inspector or his representative shall deliver to the quarantined premises the necessary supplies (gowns, sheets, delousing materials, etc.), for the completion of the work required.

The persons conducting the delousing shall wear long-sleeved gowns with surgical rubber gloves drawn up over the cuffs of the gowns, and the nurses shall wear surgeons' skull caps while cleaning up contacts. After using, place the gowns, etc., in a paper bag marked "CONTAMINATED", to be steam-sterilized on return to the Health Center.

CLOTHING WORN BY CONTACTS.

All clothing, bedding, shoes, etc., worn by contacts shall remain in the quarantined home until fumigation is completed.

The clothing, shoes, etc., necessary for apparel of contacts after the delousing shall be removed from the quarantined house and disinfected under the direction of the Chief C.D. Inspector.

PHYSICAL EXAMINATION OF CONTACTS:

HEAD:

Inspect the head for lice, bites or nits. Where infestation is evident, wash the head thoroughly as follows:

Loosen nits from the hair and scalp with a 10% vinegar solution.

Shampoo the scalp and hair with hot soapy water containing 25% kerosene and then rinse thoroughly.

Comb the hair well with a fine comb, and brush out nits.

BODY:

Inspect the body for evidence of louse bites, particularly the axilla, neck line, clavicle, waist line, perineal and inguinal region. Carefully inspect the clothing that has been removed for lice, particularly around the seams, cuffs and folds. Then proceed as follows:

(a) Give each contact a complete sponge bath with a solution of kerosene 50% and glycerine 50% (approximately 4 ounces of solution is required if applied with a cotton sponge).

(b) The entire body is shaved if infested.

(c) A complete soap and water bath must then be taken.

(d) Clothing to be put on must first be inspected for lice, particularly along the seams or in the cuffs or folds.

WARNING:

Nurses or others conducting the delousing procedure must use extreme caution to prevent skin burns from the kerosene or other materials used, and must see that the clothing to be put on is free of kerosene, gasoline, etc. The contacts must be warned against the use of belts, tight girdles, trousers, etc., until the evaporation of the liquids used is complete.

BED, WALLS AND FURNITURE IN ROOM OCCUPIED BY PATIENT:

Wash thoroughly with soap and water after fumigation.

CARE OF PATIENT

The Los Angeles County General Hospital procedure for the initial care of typhus fever patients is presented herewith as a guide for procedure if the patient cannot be hospitalized.

CLOTHING WHICH HAS BEEN REMOVED, AND BEDDING:

Clothing and bedding must be steam-sterilized in a metal container with lid. Support clothes on rack one foot above bottom of container—six inches of water in bottom of can. Place can over fire, heat to boiling point and keep boiling. Clothing should remain 45 minutes after steam begins to escape around top of can.

Nurse wears long-sleeved gown and gloves to clean up patient, and these are sterilized with patient's clothing.

SHOES, LEATHER BELTS, HATS:

Inspect for evidence of infestation. If infested, wash with 5% creosol in water, or immerse in white gasoline and let dry.

PATIENT:

The patient's head is not shaved, but is looked over carefully and washed.

Patient is given complete sponging with solution of:

Kerosene 50% (requires approximately 4 ounces).

Glycerine 50% (if applied with cotton sponge).

Entire body, with exception of head, is shaved; patient is then given complete soap and water bath and put into a clean bed.

The second day the patient is given a complete bath and put into another clean bed, and the old bed washed thoroughly with soap and water. The mattress is steam-sterilized.

If patient is moved to another room, walls of vacated room and all furniture therein are washed thoroughly with soap and water.

FUNERAL:

In the event of death, funerals are private as outlined under "Instructions to Funeral Directors", page 71.

Exception: See "Instructions to Funeral Directors", page 74.

TYPHUS FEVER (Endemic Type—Flea borne)

Upon being notified of a case of endemic typhus fever, or a case suspected of being endemic typhus fever, the Health Officer shall make an immediate investigation and, if he finds that the case is, or may be, endemic typhus fever, he shall see that the patient is properly isolated in a vermin-free room until clinically recovered. If the premises where the patient resides are vermin free and fleas are not present, no control need be exercised over the contacts.

An immediate call shall be made to the Chief C.D. Inspector, who shall investigate the premises for vermin and supervise the disinfection and the releasing of home contacts.

VENEREAL DISEASES

Venereal Disease Control requires close cooperation in a Health Department especially of the Division of Venereal Disease Control, Division of C.D. Inspections, public health nurses, medical social workers, among others.

The following rules concern cases or problems in which the Division of C.D. Inspections is involved:

1. Senior C.D. Inspectors (VD) have been assigned to the Division of Venereal Disease Control and for convenience have been termed "Venereal Disease Investigators".

All cases reported by private physicians as delinquent in treatment and all cases reported as venereal disease suspects, either alleged sources or contacts, shall be referred to the Chief, Division of Venereal Disease Control, who shall decide the extent and type of investigation needed and shall direct the Venereal Disease Investigators in their activities.

2. In the rare cases where a P.D. 27 is not indicated, and the district may desire the services of a C.D. Inspector instead of the nurse or Venereal Disease Investigator, a lettergram will be directed to the Chief, Division of Venereal Disease Control, who will request the service of the Division of C.D. Inspections. A lettergram report of the results will be forwarded to the district by the Division of Venereal Disease Control on information furnished by the Division of C.D. Inspections.

3. A procedure has been established in the District for follow-up on Selective Service selectees who have been referred to a Venereal Disease clinic. All selectees which this procedure fails to bring to clinic shall be referred to the Division of C.D. Inspections, using Form P.D. # 27 for legal enforcement.

LEGAL ENFORCEMENT:

Whenever legal enforcement is requested, the approval of the Chief, Division of Venereal Disease Control, must be secured. Form P.D. # 27 has been provided for this purpose, and when the clinician so requests on the

patients' chart, the medical social worker shall see that this form is prepared, properly signed, and forwarded to the Chief C.D. Inspector. In cases where rapid action is imperative, this request may be by telephone, confirmed by forwarding Form P.D. #27 as quickly as possible thereafter.

On these requests for legal action, it is incumbent upon the medical social worker preparing such requests to give a full and complete address and *detailed information as to action desired and reasons for same*; also, show laboratory reports, date and name of laboratory making same. A detailed description of the patient, always noting any identifying marks such as scars, etc., must at all times be furnished to prevent the Department from being placed in the position of having to defend itself against a charge of "mistaken identity" or "false arrest".

When a case has been referred to the Division of C.D. Inspections for legal enforcement, the medical social worker shall keep the Chief C.D. Inspector informed of anything pertinent to this case which may occur thereafter; and no further action changing the status of the case may be taken by any member of the Department without the knowledge and approval of the Chief C.D. Inspector. Report of action taken by the Division of C.D. Inspections is on the yellow copy of P.D. #27 when returned to the District.

Persons infected with gonorrhea or syphilis in an infectious stage shall not be permitted to work in any barber shop, beauty parlor, food establishment, except with the permission of a health officer or a Venereal Disease physician. The names, addresses, diagnosis, and place of employment of such persons excluded shall be reported in writing to the Chief, Division of Venereal Disease Control. Exclusion of any person from school for venereal disease shall be ONLY over the signature of the Chief, Division of Venereal Disease Control.

REPEAT OFFENDERS:

If a #27 has previously been forwarded to the Division of C.D. Inspections, and repeated or additional offenses make further action necessary, do not send a second #27. Instead, the medical social worker shall forward to the Division of C.D. Inspections a letter with a brief recapitulation of the action requested on the previous #27, the date of the #27, and the date of any legal orders which were served, etc., in order that the Division of C.D. Inspections may readily locate the old file and refer the case to the Chief, Division of Venereal Disease Control, for instructions. Once a legal order is served, it remains in force indefinitely, and failure to comply with the order thereafter is a violation of quarantine laws.

ISOLATION IN GENERAL HOSPITAL:

When it is considered necessary to isolate a venereal disease patient in the General Hospital, the following procedure must be followed:

A request must be made to the Chief C.D. Inspector as previously outlined in "Legal Enforcement", using Form P.D. #27. This Form #27 must give a brief clinical history with laboratory confirmation, naming the laboratory, and a brief social history which states the facts rendering the patient a public health menace and the conditions which make necessary isolation in the hospital.

It is understood that only acutely infectious cases which cannot be handled locally shall constitute a public health menace and are to be included in this procedure.

The Chief C.D. Inspector, after approval of the Chief, Division of Venereal Disease Control, will make the necessary arrangements for a patient to enter the L. A. County General Hospital. If and when such bed is available, the Chief C.D. Inspector shall proceed to deliver the patient to the ward designated. When the patient provides his or her own transportation the Division of C.D. Inspections will serve the Order of Isolation at the hospital. However, the District medical social workers shall furnish the latter class of patients a reference slip (Form X-15) containing pertinent data (and forward Form P.D. #6 in the usual manner).

It is further provided that in case of emergency a Health Officer or the Chief, Division of Venereal Disease Control may proceed in the same manner in the place of the Chief C.D. Inspector.

WHOOPING COUGH

RECOGNITION:

The Health Officer must satisfy himself as to the correctness of the diagnosis on reported or suspected cases of whooping cough.

INVESTIGATION:

The Health Officer or his authorized representative shall make every reasonable effort to locate undiagnosed or unreported cases among close contacts.

ISOLATION:

A person suffering from a case of whooping cough or symptoms strongly suggestive of whooping cough must be isolated, and the parent, guardian or attendant instructed to prevent contact of patient with non-immune children.

WARNING:

Members of the household shall be warned that failure to observe proper isolation (with respect to other children) will result in quarantine of the home and family of the patient (Quarantine "B").

RELEASE:

On recovery, with a minimum period of three weeks after development of paroxysmal cough. (Usually held for six weeks after date of onset).

CONTACTS (HOME):

Non-immune children must be excluded from school and contact with other children for 10 days after the last exposure except:

That after a diagnosis of whooping cough satisfactory to the Health Officer has been made, and isolation of the patient has been effected, in school districts having a medical and/or nursing inspection service which the Health Officer considers adequate, school age contacts be permitted to attend school *whether known to be immune or not.*

It is specifically recognized that the official in charge of any school has the legal right to exclude any non-immune contact of a case of whooping cough for the full incubation period if he sees fit to do so. Nothing in this Order shall be construed in such a way as to take away that right.

Exposed children who have had whooping cough as proven by the records of the Health Department may go to school as usual, if the patient is kept isolated from them.

CONTACTS (outside of home):

Exclude non-immune children from school or public gatherings for a minimum period of 10 days from last exposure. However, if adequate nursing supervision is provided in school and these children are carefully inspected daily for 10 days before being permitted to mingle with other school children, they may attend school.

SPECIAL REPORT:

The Health Officer shall make a special report to the Epidemiologist whenever whooping cough is found in a patient who has had prophylactic treatment.

IMMUNIZATION:

Use of prophylactic vaccination should be recommended.

YELLOW FEVER

QUARANTINE "A":

NOTIFICATION:

An immediate telephone report of the case shall be made to the Chief C.D. Inspector for telegraphic notification to the State Department of Health (see page 4).

INVESTIGATION OF CASE:

When a case or a suspected case of yellow fever is reported or recognized, patient and contacts shall be immediately quarantined.

ISOLATION:

The patient shall be isolated in a separate, thoroughly screened room, free of mosquitoes, for a period of four days after the onset of the fever.

CONTACTS:

Contacts shall be kept under observation for a period of seven days after last exposure.

SANITARY SURVEY:

Particular care must be taken to rid the quarantined premises of mosquitoes. An immediate request shall be made to the Bureau of Sanitation for a mosquito survey of the premises and neighborhood for abatement thereof as indicated.

RELEASE:

Release on clinical recovery.

Note: In the vicinity of places of incidence, work or travel of a known case, search for and destruction of mosquitoes of species capable of transmitting the infection are the principal factors of control.

TRAVEL FROM YELLOW FEVER AREAS:

Areas where yellow fever is known to exist have been brought into close relationship to this country by airplane passenger transportation. Federal regulations require travelers from those areas to be kept under surveillance by the Health Officer for a period of 8 days after arrival at any U.S. port of entry.

An immediate report by telephone shall be made to the Chief C.D. Inspector, should such a traveler become ill during this period of surveillance.

INSTRUCTIONS TO FUNERAL DIRECTORS

GENERAL:

The Health Department desires to assist funeral directors in the compliance with State laws. In case of question call on the Deputy Registrar for advice and assistance.

Funeral directors are requested to apply for burial permits, etc., as soon as possible after the death to permit corrections in death certificates, notifications to cemeteries, investigations or action by the coroner, and better service by the Health Department.

Attention is called to the following statutes:

Section 10401, Health & Safety Code.

"The physician shall within 15 hours after the death deposit the certificate at the place of death or deliver it to the attending funeral director at his place of business or at the office of the physician."

If such death certificate is not received, the case must be referred to the coroner.

Section 7406, Health & Safety Code.

"No person shall inter in any cemetery any human body unless (a) there has been obtained and filed a certificate signed by a physician or a coroner and (b) he has obtained a burial permit."

Section 10450, Health & Safety Code.

"The funeral director, or person acting as funeral director, shall file the certificate of death with the local registrar of the district in which the death occurred and obtain an interment or removal permit prior to any disposition of the body."

Section 7410, Health & Safety Code.

"No person in charge of any premises on which interments or cremations are made shall inter or permit the interment or cremate or permit the cremation or other disposition of any body unless it is accompanied by a burial or cremation permit."

Funerals in which the cause of death is from a quarantinable disease (excepting typhoid fever) are PRIVATE, and conducted as directed under "Funerals".

Funeral directors who SERVE THE TERRITORY OF THE LOS ANGELES COUNTY HEALTH DEPARTMENT (both unincorporated areas and cities under contract) ARE REQUIRED TO OBSERVE THE FOLLOWING RULES AND REGULATIONS for the control of communicable diseases (Sections 2554 and 2560, Health & Safety Code).

1. EVERY FUNERAL DIRECTOR OR EMBALMER WHO IS CALLED FOR A KNOWN OR SUSPECTED COMMUNICABLE DISEASE CASE must immediately report the case to the Health Officer (Section 7302, Health & Safety Code).

The body may be removed from the house to the undertaker's parlors only with the permission of the Health Officer.

2. PERMISSION FOR THE REMOVAL OR TRANSPORTATION OF THE BODY of any person dead from a quarantinable disease must be obtained FROM THE HEALTH OFFICER (Section 7404, Health & Safety Code).

3. MATERIAL USED IN CASKETS FOR TRANSPORTATION OF THE DEAD.

Wherever in Section 7351, 7353 or 7354 or other Sections of the Health & Safety Code, it is required that metal-lined caskets or metal-lined transportation cases be used for the transportation of dead bodies, this requirement is hereby modified under the authority of Section 7351, Health & Safety Code, to provide for the use of caskets or receptacles made of any material which shall be watertight and which can be closed in such a manner as to prevent the escape of any fluids, odors or other objectionable substances. (Sub-chapter 4, Article 2, Section 908, California Administrative Code, Title 17, Public Health, August 15, 1945).

4. No person shall embalm the body of any person dead from an unknown cause, except with *the written permission of the Health Officer*. (Section 7300, Health & Safety Code).

5. In any case of supposed "croup", laryngitis, tonsillitis, quinsy, mumps, or where there is a suspicion of diphtheria and diagnosis has not been established by bacteriological test, the funeral director must immediately notify the Health Officer and REFRAIN FROM THE USE OF FORMALDEHYDE OR ANY OTHER DISINFECTANT UNTIL THE HEALTH OFFICER HAS AN OPPORTUNITY TO TAKE A SPECIMEN FOR LABORATORY EXAMINATION.

6. Any funeral director or embalmer who is called when a person has died from an unknown cause shall immediately notify the coroner and be guided by his orders. (Sections 7300, 7301, 10425 and 10426, Health & Safety Code).

7. PUBLIC FUNERALS ARE FORBIDDEN IN ANY AND ALL CASES WHERE DEATH IS FROM A QUARANTINABLE DISEASE. In case of death from a quarantinable disease or any death in a house that is under quarantine, the undertaker must notify the Health Officer immediately and necessary instructions and permits will be issued regarding the disposition of the body, when in the territory served by the Los Angeles County Health Department.

Note carefully the list of quarantinable diseases. If in doubt, call the HEALTH OFFICER.

8. When the Health Officer is not available, the Deputy Registrar or the Chief C.D. Inspector can be contacted through the County telephone exchange (MU. 9211) and may give the necessary permission, subject to later confirmation.

FUNERALS:

It is impractical to make a definite set of rules for conducting the funeral of a person dead of a communicable disease.

1. In general, the following procedure will apply, *except in cases of smallpox, plague and cholera*, for which no services are permitted and burial is under strict supervision of the Health Department.

- A. All requests to hold "private funerals" and all questions by undertakers or others planning communicable disease funerals or transportation of human bodies dead of a communicable disease, shall be referred to the Health Officer or the Chief C.D. Inspector.
 - B. No restrictions are placed on funerals for bodies (particularly of deceased servicemen shipped into this county in "sealed caskets") where there is no question of attendance by quarantined contacts provided a "sealed casket" is used and the casket remains sealed at all times.
 - C. After the body is prepared for burial, the parents or adults of the immediate family may be permitted to visit the undertaker's establishment to identify the body. Identification of the deceased should be through a glass partition, but under no conditions are THE PERSONS MAKING THE IDENTIFICATION PERMITTED TO CONTACT THE BODY. Immediately after identification, the CASKET IS CLOSED AND SEALED, AND REMAINS SO PERMANENTLY THEREAFTER.
 - D. ONLY MEMBERS OF A QUARANTINED HOUSEHOLD OVER 16 YEARS OF AGE MAY BE GRANTED A PASS BY THE HEALTH OFFICER FOR THE PURPOSE OF IDENTIFYING THE DECEASED. Such trips to and from the quarantined premises must be made in a private conveyance and further arrangements made so that these persons will not at any time, come in contact with other persons outside of the quarantined premises.
 - E. NO PERSON SHALL CONVEY, OR PERMIT TO BE CONVEYED INTO ANY CHURCH, FUNERAL CHAPEL OR OTHER PUBLIC HALL OR PLACE, THE BODY OF ANY PERSON DEAD FROM ANY QUARANTINABLE DISEASE EXCEPT AS PROVIDED UNDER "B" ABOVE.
2. If the family wish to have services at the grave the following rules must be observed:
- A. *Persons over 16 years of age* may be granted a pass by the Health Officer provided there is in the quarantined home during such absence a suitable guardian for the restricted children. Such persons from *the quarantined premises* must be transported in a private conveyance or car furnished by the undertaker.
 - B. *The family from the quarantined home* must remain separate and apart from any others who attend the services, and friends or other relatives must remain at least 20 feet away on the other side of the grave.
 - C. *Members of the family in quarantine* are to return by the same private conveyance or car furnished by the undertaker direct to the quarantined home.
 - D. All flowers and other articles coming in contact with the casket must be put into the grave with the casket (Section 7353, Health & Safety Code).

E. All undertakers are required to notify the cemetery that such funerals are "private" and the cemeteries are required to assist the undertakers in carrying out these regulations.

The following is a list of quarantinable diseases wherein funerals must be conducted in accordance with these rules and regulations:

Cholera, Asiatic	Poliomyelitis (Infantile paralysis)
Diphtheria	Scarlet Fever
Encephalitis (Epidemic)	Smallpox
Leprosy	*Typhoid Fever
*Meningitis	**Typhus Fever (louse borne)
*Paratyphoid Fever	**Typhus Fever (flea borne)
Plague	Yellow Fever

*Typhoid, paratyphoid fever and epidemic meningitis call for a modified quarantine and restrictions on funerals are not necessary.

**No restrictions on funeral if patient had been hospitalized and deloused before death.

HEARSE OR MORTUARY CAR:

It shall be unlawful for any funeral director or other person to use, or cause or permit to be used, any vehicle other than a hearse or mortuary car for conveyance of any dead body, except that of a stillborn infant or of an infant not over one year of age dead of other than a communicable disease, and except when a patient dies en route. The use of any ambulance as a mortuary car or hearse, or the use of a mortuary car as an ambulance, is specifically forbidden.

INSTRUCTIONS TO CEMETERY AUTHORITIES

Section 7410, Health & Safety Code.

"No person in charge of any premises on which interments or cremations are made shall inter or permit the interment or cremate or permit the cremation or other disposition of any body unless it is accompanied by a burial or cremation permit."

1. No cemetery authority shall accept for interment the body of any dead person, unless such body shall be accompanied by a burial permit or the funeral director will have properly delivered to the cemetery authority the necessary burial permit. (Sections 10475-10476, Health & Safety Code).

2. No cemetery authority shall accept for interment the body of a person dead from a quarantinable disease, unless they shall have received a burial permit which shall be suitably marked by stamp or other device, with the words "Private Funeral" on the face thereof. (Section 7404, Health & Safety Code).

3. All cemetery authorities shall immediately report to the local health officer all requests received from funeral directors or others for interment of a body dead from a communicable disease. (Sections 8306, 8307, 8308, Health & Safety Code).

4. All cemetery authorities shall aid and assist the funeral directors and be governed by the rules and regulations for funeral directors, for services at the grave of persons dead from a quarantinable disease (Section 7404, Health & Safety Code).

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